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THE UNIVERSITY OF ALBERTA

A STUDY OF DUTIES AND TRAINING NEEDS OF NURSING ATTENDANTS WHO CARE FOR THE ELDERLY

BY

JANIECE WIBERG

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

IN

ADULT AND HIGHER EDUCATION

EDMONTON, ALBERTA

FALL, 1988

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled A STUDY OF DUTIES AND TRAINING NEEDS OF NURSING ATTENDANTS WHO CARE FOR THE ELDERLY submitted by JANIECE WIBERG in partial fulfilment of the requirements for the degree of MASTER OF EDUCATION in Adult and Higher Education.

E. Mikkelsen
(Supervisor)

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Date: October 4, 1988.

ABSTRACT

The purpose of this study was to examine the perceptions of registered nurses and nursing attendants in five central Alberta nursing homes with regard to the duties and training needs of nursing attendants who care for the elderly. Two questionnaires were developed by the investigator with items designed to solicit information pertaining to the training or preparation of nursing attendants in performing sixty-three activities.

Registered nurses were asked to indicate the nature of supervision which nursing attendants should have and to identify the type of training required for the nursing attendant to carry out the duties safely and competently.

Nursing attendants were asked to respond to questions relating to personal data, educational and occupational background, duties and source of training received for performing these duties as well as their perceptions of what should be included in the Personal Care Aide Program offered by Alberta Vocational Centre.

Questionnaires were distributed to fifty-nine registered nurses and 159 nursing attendants in five central Alberta nursing homes. Thirty-five questionnaires were returned from registered nurses and 109 from nursing attendants, a total return of 59.3 percent and 68.5 percent respectively. The primary mode of

analysis was to compute frequencies, percentages and means.

In the views of respondents, the role of the nursing attendant encompasses a diverse range of duties and skills required to perform these duties. These include safety and hygienic measures, use of ambulation appliances and restraints, feeding and elimination procedures, positioning of patients and miscellaneous skills and procedures. Most of the duties can be performed without direct supervision of a nurse but do require a measure of instruction by a nurse who may or may not be present.

Registered nurses supported training by a clinical educator for most of the duties performed by nursing attendants. In contrast, nursing attendants responded that they received training or orientation for most of their duties from another nursing attendant. Nursing attendants tend to support inclusion of training in most of their duties in the Alberta Vocational Centre Personal Care Aide Program.

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CHAPTER ONE

Introduction

The movement of the elderly to nursing homes and auxiliary hospitals is a twentieth Century, western world phenomenon. Traditionally, care of the elderly has been the responsibility of the family, but with the advent of the working woman many of the responsibilities of the family have been relegated to the society at large. Care of the elderly is one of these responsibilities. Many seniors, often not of their own choice but because of health or other reasons, find themselves facing institutionalization.

The focus of this study was on the needs of the care givers--the health team responsible for the care of seniors in nursing homes--especially those who do most of the physical care: the nursing attendants. While some nursing homes make continuous in-service training compulsory, many employ workers with no previous training; yet, to these people is entrusted the care of the elderly. Old people are institutionalized for a reason, and with the increased number of mentally dysfunctional in nursing homes, increased demands are placed on nursing attendants. The responsibilities and training needs of attendants who care for senior citizens in selected nursing homes of central Alberta were explored in this study.

Statement of the Problem

The purpose of the study was to find some tentative answers to the following question:

> What are the general training needs of nursing attendants who care for the elderly in nursing homes?

A number of more specific questions served as guides to the development of the study and to the analysis of the data. These questions are as follows:

1) What are the educational and vocational backgrounds of nursing attendants?
2) What duties do nursing attendants perform?
3) What kinds of supervision do nursing attendants require to perform their duties?
4) What type of orientation or training do nursing attendants require in order to perform their duties?
5) What type of orientation or training do nursing attendants usually receive?
6) What potential does the Personal Care Aide Course offered by the Alberta Vocational Centre have for meeting the training needs of nursing attendants?

Answers to the questions were sought through a questionnaire survey of registered nurses and nursing attendants.

Background to the Study

When this research project was initiated, the policy of nursing homes in central Alberta was to hire nursing attendants with little or no previous experience in caring for the elderly.

The Hyde Report (1982) was the report of the Nursing Home Review Panel which was established by an Order in Council on April 8, 1981 to assess the development of the nursing home system in Alberta; to compare these nursing homes with those in other provinces; to evaluate the structure, functioning and financing of nursing homes; and to report its findings and recommendations to the Minister of Hospitals and Medical Care by March 31, 1982. The panel was chaired by Dr. Harry Hyde who worked with six other members from Calgary, Innisfail, Edmonton, and Lethbridge. The Report was submitted in March, 1982 with fourteen priority recommendations delineated. Recommendations 29 (In-Service Training), 34 (Training of Nursing Aides/Attendants), and 9 (Training in Palliative Care) pertain to this study.

The recommendation on inservice training, Recommendation 29, stated that structured and continuous in-service training programs be provided for staff of all continuing care facilities. Programs should be conducted by an on-staff coordinator or a member of a travelling education team. The Alberta Government should ensure that effective in-service education programs are

available in every continuing care facility.

In focussing on the training of nursing attendants, Recommendation 34 stated that a training program in basic geriatric care should be provided for nursing attendants working in continuing care facilities. The course should be taught in-house by instructors who travel to continuing care facilities throughout the province and should be taught in appropriate educational facilities. In addition, all newly hired nursing attendants should be required to attend the course in basic geriatric care at the end of a probationary period. Completion should be a condition of continued employment in a continuing care facility. Nursing attendants already on staff should be encouraged to attend the course on a voluntary basis. Upon satisfactory completion of the course, participants should receive a wage increment.

Another area of concern, in terms of caring for the elderly resident was dealt with in Recommendation 9, Palliative Care, which stated that the special needs of the dying person and that person's family be recognized by providing staff training in palliative care.

After the Panel presented its report and recommendations to the Minister, some of the recommendations were put into practice immediately. Others became part of the Nursing Home Act after consideration by the Nursing Home Liaison Committee.

Changes important to this study include increased hours of nursing and personal care which would give residents more comfort and attention, as well as education programs for all nursing attendants. The changes in nursing attendant educational requirements were based on the observations of nursing home residents and staff as well as the public who had indicated serious concern over the low standard of in-service education. In-service education in nursing homes was inconsistent--in some homes it was excellent; in others, almost non-existent. Possible benefits from in-service education include improved care of residents and higher staff morale. The report advised that in-service training programs should be provided in large facilities by full-time staff instructors and in small facilities by a travelling team of instructors. The in-service program would include training modules and resource materials to be made available to nursing homes.

The Alberta Vocational Centre, Edmonton, prepared a course of instruction for nursing attendants made up of sixty-two modules encompassing educational needs of nursing attendants. These were made available to nursing attendants on a voluntary basis in Central Alberta nursing homes in 1986. One full-time coordinator is responsible for the program in three Red Deer nursing homes. Smaller, rural nursing homes are responsible for education of their own staff.

The Nursing Home Liaison Committee, composed of representatives from the Alberta Hospital Association, the Alberta Long Term Care Association, the Department of Social Services and Community Health and the Department of Hospitals and Medical Care, were responsible for implementing these recommendations. The inservice training program date set for implementation was June, 1986.

In June, 1986, the Personal Care Aide Program developed by the Alberta Vocational Centre was implemented. The program is a competency-based learning system accomplished primarily through home-study. In this mode of delivery, learners pace themselves as they progress through the program. The nursing attendant consults with a "tutor" about one hour per week. The tutor averages about seven hours a week for ten nursing attendant students. Successful completion is measured through written and performance tests on each of sixty-two modules comprising the curriculum. Participating nursing attendants are registered as Alberta Vocational Centre students and become eligible to receive a transcript, a competency profile and a certificate of completion without having been required to leave work or their community.

As of May 21, 1986, seventy-five "tutors" had been trained. The tutors are clinical educators trained by Alberta Vocational Centre but employed by the Alberta Hospital Association.

Enrollment of nursing attendants now employed is on a voluntary basis with the length of time for completion of the course unknown because of the self-pacing nature of the program. Estimates are for completion in three to six months. There are eleven areas of competency within the sixty-two modules. The literature describing the Personal Care Aide Program notes that it does not function independently but receives direct or indirect supervision from the registered nurse with whom she works.

According to the Alberta Career Centre, Edmonton, there are no other nursing attendant educational training programs currently offered in Alberta.

Implementation of Recommendations 9, 29 and 34 should afford residents in nursing homes in central Alberta an increased level of care by a more knowledgeable and better prepared nursing attendant. However, to date there has not been any research to assess the potential for change.

Significance of the Study

Statistics Canada projects that within twenty years the number of senior citizens in Canada will rise by 60 percent to 4.1 million from 2.6 million (Statistics Canada, 1985). During the same period, the number of Alberta's senior citizens is expected to rise by 65 percent to 310,000 from 184,900. The

number of old people is expected to almost triple by the year 2031, when one in four Canadians--anyone now twenty-two years or older--will be sixty-five or older.

With the demographic shift in the society comes a need for redirection in the health care system. Those who are able to stay in their own homes and maintain an independent lifestyle should have the option to do so with home care workers available to assist them to meet their needs. For those who are institutionalized, adequately trained staff should be provided.

In health care institutions which are active treatment areas, the registered nurse is the main professional caring for six to eight patients during the day, eight to nine patients during the evening and ten to eleven patients during the night. Registered nursing assistants are being phased out in the larger hospitals to make room for a registered nursing staff. There are no nursing attendants in active treatment health care institutions in central Alberta.

In institutions such as nursing homes, the ratio of registered nurses to patients is one to seventy-five with untrained nursing attendants responsible for all activities of daily living as well as most treatments. At a time when nursing educational requirements are being upgraded to keep up with technological advancement, the implications of accepting nursing attendants with little or no preparation in caring for the

elderly in institutions needs to be assessed.

A search of the literature dealing with trained nursing personnel, their educational requirements and nursing background reveals that the care of the elderly is based on respect for the individual as an independent member of society who has the right to make decisions about his or her life and to function with those choices in as normal a setting as possible. However, there is little literature available that deals with the untrained nursing attendant. Since the focus in this study is on the care of the elderly in nursing homes, the available literature has been applied to that situation.

The study was assumed to have potential for yielding information which might enhance nursing care for the increasing numbers of elderly facing institutionalization and should be of special interest to those involved in the health services area who are concerned with gerontological nursing now and in the future. It adds to the limited amount of information available on the training needs of nursing attendants in caring for the elderly. The study should also be of interest to those employing nursing attendants in that it identifies training needs of these staff. New programs could be developed by utilizing information about skills and procedures and information perceived to be important for effective performance as a nursing attendant. This information may be useful in formulating job descriptions for

nursing attendants, orienting new staff, and evaluating those already employed as nursing attendants. The results of this study may increase the awareness of the health care team regarding the potential of the Personal Care Aide program and its potential for improving the care of the elderly.

Assumptions, Delimitations and Limitations

Assumptions

The basic assumption of the study was that care of the elderly requires special skills and that persons could be trained in these skills. In addition, it was assumed that those individuals currently employed as registered nurses and nursing attendants had significant opinions regarding the training needs of health care personnel who care for the elderly and that programs could be devised which would meet these needs. Registered nurses and nursing attendants were assumed to be aware of the current interest in establishing a training program for nursing attendants who care for the elderly and were sufficiently knowledgeable about care of the elderly to be able to respond to the questionnaire.

Delimitations

The study was delimited to registered nurses and nursing attendants who worked in five nursing homes in central Alberta during the Spring of 1986 to the Spring of 1987. The Personal

Care Aide program offered by the Alberta Vocational Centre was selected by the researcher because it was a compulsory requirement for any new nursing attendants employed by the nursing homes in central Alberta. Completing the course was voluntary for nursing attendants already employed by nursing homes.

Limitations

The study was limited by the lack of theory and research relating to the training needs of personnel who care for the elderly. In addition, most of the available literature deals with training of staff for active treatment centers and not for geriatric patients.

The study focused on the technical aspects of the work of nursing attendants; other important skills and qualities (affective, personality characteristics) were not included in the study. The adequacy with which duties were performed also was not addressed in the study.

Finally, generalizing the findings of this particular study to other samples and settings should be made with care, if at all. The presence of other variables in other contexts such as cultural factors or variations in health care systems may result in significantly different findings and conclusions resulting from a similar study.

Definition of Terms

Nursing home is an institution which was introduced in Alberta in 1964 to provide care for persons who did not require the medical and professional nursing care given in general and auxiliary hospitals but who, because of age, mental or physical condition, required more care than is provided in a Senior Citizen's Lodge. These may be private or public institutions.

Nursing attendant is an individual who works under the direction of a registered nurse in giving personalized nursing care to seniors who are residents in nursing homes.

Personal Care Aide is a nursing attendant who has successfully completed the Personal Care Aide program offered by the Alberta Vocational Centre.

Clinical educator is a registered nurse who teaches clinical skills to other health care personnel including nursing attendants.

Registered nurses (RN's) complete a two or two and one-half, three or four year nursing program, write national exams and are responsible for all levels of nursing care in active treatment hospitals or extended care. They provide supervision and

instruction for nursing aides, nursing attendants, and orderlies under their charge.

Elderly or seniors are those persons over sixty-five years of age.

Residents are persons who reside in nursing homes.

Organization of the Thesis

The following chapter provides a review of the literature and research related to the problem which has been delineated. Chapter Three discusses the development of the instrument utilized in the study. The procedures for collecting and analyzing data are presented as well as a description of the sample.

Chapter Four presents the results of data analysis related to the characteristics of nursing attendants. These include personal and professional characteristics, work experience, educational background, training received and future plans.

Chapter Five discusses the duties and orientation of nursing attendants as perceived by registered nurses while Chapter Six presents the type of instruction received by nursing attendants and whether specific duties should be included in the Personal Care Aide Program. Sixty-three activities are examined in

smaller categories for ease of analysis and reporting.

The summary, conclusions and recommendations of the study are included in Chapter Seven.

CHAPTER TWO

Review of Related Literature

A search of the literature dealing with the need for trained personnel in caring for the elderly yielded little which was related directly to nursing attendants in nursing homes. The most significant item was the Report of the Nursing Homes Review Panel--the Hyde Report (1982)--with its recommendations for improved in-service training for nursing attendants and improved in-service programs for staff. The major recommendations of the report were mentioned in Chapter One. The Nursing Home Liaison Committee developed implementation actions for eleven of the Hyde Report's recommendations on the first phase of its review. The Personal Care Aide Program was developed by the Alberta Vocational Centre commencing in 1986.

Other literature reviewed included six areas of interest. The first topic envisions institutions as a positive way of life. Only one writer supports this view while a second group of writers discuss concerns with the untrained care giver in institutional care. The increasing numbers of elderly institutionalized and alternatives to this lifestyle are the topic for a third area of research while still another focuses on the attitudes of the care givers and their effects on the elderly. A need for increased knowledge in geriatric nursing

comprises the fifth area of literature while special needs occupies the sixth section reviewed.

Institutional Care for the Elderly

Myles (1980) argues in his paper on institutionalizing the elderly that negative effects may be less traumatic than is currently suggested. For a small segment of the population, institutionalization contributes to the well being of the residents. Myles suggests that the status of the elderly in institutions merely reflects the low status in which the elderly are held in our societies. For Myles, the institutions provide relief from poverty, decreased illness and freedom from social isolation for this aging population.

Others view institutional care differently. Weiner, Brok and Snodowsky (1987) refer to nursing homes as total institutions where loneliness, isolation and desolation are often the destiny of the elderly. Patients are described as having more than one chronic ailment. Ailments described include incontinence, senility, drug incompatibilities or misadministration, sensory deprivation due to decreased hearing and poor eyesight, and decreased self-esteem due to changes in the aging body. He suggests a need for trained workers who would work to rehabilitate patients--workers with a wide range of skills and with educational and experiential background to use various

techniques. The family is viewed as part of the therapeutic team and is included in the rehabilitation process.

The concern with a need for trained personnel is expressed again in Mantle's (1981) writings where she discusses the slow growth in the development of the medical specialty of geriatrics and also states that in long term care institutions in Canada, basic nursing care is compromised because of acute shortages of interested and prepared registered nurses. Mantle comments on the increased use of nursing attendants, many of whom are untrained, and on the clinical training in nursing homes of nursing students where the focus is on the perfection of basic nursing skills such as bathing or feeding rather than on the study of aging.

Still in relation to staffing, Hnatuik (1981) discusses the need for graduate nurses to be good role models in working with nursing attendants. The attendants are charged with keeping patients clean, tending to their body functions, feeding them, providing help as required and giving continuity in contact. However, Hnatuik goes on to say that these attendants have little or no training, and that in-service education is imperative if the quality of nursing care is to improve. She suggests that the nurse must apply her knowledge of behavioural and social sciences in establishing principles of sound, quality nursing care.

Staffing problems are not unique to Canada and the United

States. Bryan (1981), in reporting on nursing care for the aged in Australia, cites Australia as well-endowed with nursing home beds but goes on to state that many do not provide quality nursing care and are costly to maintain. She goes on to state that nursing care is largely provided by nursing attendants who have no formal education or registration. She points out a need for highly specialized staff who must develop specific insights, knowledge and skill in caring for the elderly.

Orientation of new staff is addressed in a Report by the Sub-Committee on Special Services in Hospital Adult Long Term Institutional Care which states that orientation should be established for staff who are new to a long term care facility. This would help new employees to become familiar with job responsibilities, philosophy and objectives, policies and procedures, services, other staff and residents of the facility.

This report states that it is the responsibility of the clinical education department to design and provide training for employees who do not require special qualifications to do their jobs. New employees would learn how to do each task expected of them. The report states that "while it is recognized that the 'buddy' system of learning has a role, each new employee must be taught by an authorized person." The report also details staff development and in-service education.

Conte, Weiner, Plutchek and Bennett (1975) noted relatively

little available data on qualities needed to make one effective in working with the elderly. Their study sought to discriminate between nursing attendants considered to be successful or unsuccessful by supervisory staff in working with older patients. The authors found that successful workers were more patient, accepting, flexible, tolerant and respectful. These workers showed more growth in patient interactions, were more integrated as members of the health care team and functioned better in that role while showing high self-esteem. In some cases, it was described as empathic understanding--the older person seeing himself in the young worker who, in turn, could visualize himself in the future, aging.

In her book, a training guide for setting up a nursing attendant program, Sorensen (1981) discusses problems inherent in nursing attendant staff. Problems discussed include: job dissatisfaction, poor communication and low status. Dealing with these problems could contribute to an increased level of care for elderly patients.

Alternatives to Institutional Care for the Elderly

Canada has one of the highest rates of institutionalization of elderly in the world. Schwenger and Grass (1980), in reporting on the population sixty-five or over, called for a reduction of institutional care paralleled with growth of

alternative services for the elderly. Homecare or foster home situations are discussed as alternatives to nursing homes.

Abdellah (1981) discusses the shortage of nursing home beds in parts of the United States, the large percentage of institutionalized residents who could be cared for in the community and the great need for personnel trained to be primary care givers to older adults and their families. She suggests that the use of personnel with a sound gerontological background who would work with patients in their homes, would substantially decrease the number of required beds for seniors.

For Burnside (1984), the increase in the number of elderly and the decrease in resources to care for them pose a real problem. Her book is useful to any member of the health care team, and her use of graphic presentations makes the information concise and easy to assimilate. She discusses the need for interdisciplinary communication and collaboration and moves beyond illness and care to promotion of wellness and maintenance of functional capacity.

Thompson (1980) reported on alternatives to institutional care for the elderly in all provinces, with long term home care programs offering a range of services within the patient's home environment. Other reports detailed the development of day care centers, respite care programs, day hospitals, and a variety of other community support services. Christopher (1986) also

discusses home care as an alternative to nursing home care. She offers suggestions about physiological needs (such as personal care, medication), security needs (such as financial), and higher level needs (such as spiritual matters, love and self-esteem) and the importance of having these needs met in a familiar environment rather than in an institution. Robinson (1983) discusses basic physiological needs of the elderly as they differ from those of adults in other developmental stages. In looking at comfort and protection needs, she elaborates on the choice of a nursing home and the need for professionally staffed personnel.

Attitudes of the Caregiver

The true life experiences and biographies of individuals who care for older loved ones and the choices they make in method of care are topics discussed by McNulty and Dann (1985). They illustrate the processes involved in decision making and the way values affect decisions in the care of the elderly. Their reflections provide insights for nurse educators, counsellors or other health care professionals as they confront these dilemmas.

According to Elliott and Hyberton (1982), there is a possible relationship between attitude and the quality of nursing care given; they suggest that this is due to inadequate training in the area of aging in professional education and that negative attitudes lead to inadequate needs assessment and poor planning

for care of the elderly. Bramer (1981) discusses the lack of undergraduate preparation in geriatric nursing and negative attitudes of nursing students and others who work with the elderly.

Gomez, Otto, Blattstein and Gomez (1985) published results of a study in which they investigated the impact of a three week, eight hours per week clinical experience of caring for ill elderly in long-term care by baccalaureate students taking their first clinical course. There was a significant increase in a positive attitude towards the elderly by these beginning nursing students after this course. The older nursing students had a more positive attitude towards the elderly patients than did the younger students. King, Aadmodt, and Walonin (1986) discuss care eliciting, care receiving, and care giving from the perspective of a nursing student. Home visits of the nursing student and the well elderly are also examined, and the positive attitudes of students who conducted these visits are documented.

Knowles (1985) writes about how attitudes affect quality care of the elderly. She discusses studies carried out in the late 1970's which suggested that young nursing students most preferred to care for younger patients. The older the patients, the less preferable they were. Age seemed to be more of a factor than gender in influencing preferences.

Knowledge Needs

More and better trained gerontological staff will be required to meet the need created by the shift in demographics. Puthenviela (1985) states that in 1979, only 7% of nursing home employees were R.N.'s and they were often employed at an administrative level and did not serve as practice role models. Puthenviela recommends the inclusion of gerontological nursing care in curricula within all schools of nursing and testing of this in comprehensive examinations.

Davis (1983) discusses the necessity for gerontological programs to meet the needs of the future. In citing health maintenance for the elderly as a primary nursing goal, she reviews various aspects of gerontological nursing and recounts the history of this specialty. Davis expands on several landmarks in gerontological nursing and the programs available for nursing personnel today. Looking towards the future, she ends her article by reasoning that the time for further development of gerontic nursing is now.

Robb and Malenzak (1981) designed a study to assess nursing staff knowledge levels in the area of gerontology. They found that the level of knowledge was minimal and recommended that gerontological nursing should be included as a discrete rather than an integrated part of nursing curricula. Regardless of level of training, nurses who work with elderly people receiving

long term care must be adequately prepared. Faraday (1980), in assessing knowledge of health care staff, found that in the area of gerontological nursing there were no set standards for nursing homes. He based this conclusion on the results of a brief written test that measured ability to describe all ranges of motion of the upper extremity and knowledge of the purpose and optimal frequency of range of motion exercises.

The development and implementation of a course in gerontologic nursing to meet the void in nursing education and aimed at meeting the needs of the elderly is described by Fisher (1981). Favorable comments were received from both nursing students and elderly participants in this course.

Special Needs of the Elderly

National statistics reveal a steady increase in the number of older citizens. The Canadian Governmental Report on Aging (1982), addresses humanitarianism issues which consider the specific needs of the aging. These issues include security, labour/employment, health, housing/environment, family, old age assistance and education/culture/recreation. Developmental issues such as economic, social and political are handled separately as are research and training of those involved in service delivery.

Health care needs of the elderly make the older person a

major consumer of the various forms of health care. The variety of health care settings currently available and needed--such as hospitals, long-term care settings, rehabilitation facilities, out patient clinics, home care, hospices and day care centers--are much greater for the elderly than for other segments of the population.

Summary

The ideal in the literature is a shift away from institutionalization of the elderly and towards alternative services such as home care, alternate housing and community services. There is a concern amongst writers about the availability of appropriate facilities and level of care in these facilities.

Institutional care of the elderly may be viewed as positive rather than negative in that the elderly are relieved of life's pressures such as poverty and achieve freedom from isolation. However, there is also a totally different picture of the elderly sitting lonely, isolated and desolate with little chance for rehabilitation. Staffing in institutions is a concern; there is a need for interested and prepared nursing staff. The increased number of untrained nursing attendants is a universal problem.

Orientation is of utmost importance in preparing the nursing attendant and impressing on them the importance of a knowledge of

job responsibilities, philosophy and objectives of the institution, policies, procedures and services of the facility. Clinical educators should have the expertise to train new staff to function better in their new roles; workers who are patient, tolerant, flexible and who respect others are envisioned as the most successful care givers.

The attitudes of the care giver, in caring for the elderly, are important in the training programs of nursing students, and the knowledge base of health care workers is of concern. With gerontological nursing now recognized as a specialty area and the demographic shift substantiated by national and international statistics, the necessity for gerontological programs to meet the needs of the future is real.

CHAPTER THREE

Research Procedures

In this chapter is presented a description of the procedures used in designing and developing two questionnaires--one for registered nurses, the other for nursing attendants--the methods used to collect and analyze data, and a description of the respondents.

Instrumentation

Two questionnaires were developed by the investigator with items designed to gather information on general, personal, and occupational background characteristics of respondents, knowledge of skills and future plans of the individual. Items were designed to solicit information that pertained to training or preparation for performing sixty-three duties or activities of nursing attendants.

Questionnaire Development

Questionnaires used in similar studies were reviewed and used as guides. Possible items were discussed with a number of nurse educators, staff nurses, and nursing attendants during the development of the instrument. The questionnaire for registered nurses was divided into two parts and included a total of seventy

items. The two sections included personal and professional data together with a list of sixty-three activities currently the responsibility of nursing attendants who care for the elderly.

The questionnaire for the nursing attendants consisted of five major sections and a total of ninety-nine items. The major sections included personal data, previous occupational experience, duties and knowledge of skills, amount of training received, and future plans.

The instrument was pilot tested with eight registered nurses and eighteen nursing attendants who were employed in a privately owned and administered nursing home. Respondents were asked to complete the questionnaire noting the following: clarity of the items, clarity of the instructions, additional items for inclusion and time required to complete the questionnaire. A space was left for comments or concerns regarding the questionnaire and/or the training needs of nursing attendants.

Responses were received from all of those selected to pilot test the instrument. Frequency distributions were completed for each item in the questionnaire, and any comments on open ended questions were noted.

Final Drafts of Instruments

The instruments utilized in the study for nursing attendants and registered nurses are included in Appendix A and B, respectively.

The first instrument solicited data from nursing attendants regarding their roles in caring for patients in nursing homes. Section A requests personal information such as age, gender, marital status, husband's employment, number of dependents, number of residents in nursing homes, hours of work and number of years of previous experience. Section B deals with the previous occupational experiences of the nursing attendant. This includes previous health care experience, educational background, courses taken and their usefulness in caring for the elderly. Section C lists sixty-three duties and solicits information about the knowledge level of the attendants in performing these skills and procedures.

The respondent was requested to select current responsibilities from the list of duties in Column A and circle these. Column B requires a response as to method of initial instruction given in the performance of skills such as communication skills with a resident. Response choices are:

1) no instruction
2) instruction from "buddy"
3) instruction from clinical educator
4) instruction prior to this position.

Column C requests information based on the respondent's views about the teaching of skills through the Personal Care Aide Program introduced by the Alberta Vocational Centre. This

program is a training program introduced by the Alberta Hospital Association in 1986 in order to increase expertise of nursing attendants. Choices are:

1) definitely include
2) include
3) need not be included.

Section D of the questionnaire investigates orientation in the nursing home in terms of time spent with an experienced attendant or a clinical coordinator. Section E questions the future educational and occupational plans of the nursing attendants.

The nursing attendant is then asked to examine twelve criteria and rate these as they apply to completion of the Personal Care Aide program. The rating scale is:

1) strongly agree
2) agree
3) disagree
4) strongly disagree.

The mode of delivery of the program is presented with the respondent requested to select a choice of three modes of delivery from a possible nine methods of study. A space was left for comments.

The questionnaire for registered nurses contains two sections. Section A, Personal and Professional Data, includes

the following five variables: age, gender, type of nursing program completed, length of nursing program and year of graduation. Section B of the instrument deals with the registered nurse's opinions regarding sixty-three duties or procedures (listed under Column A) carried out by nursing attendants, bearing in mind the legal implications. The respondent is requested to select from Column B the condition under which nursing attendants usually perform each responsibility, namely, under direct supervision of a nurse, on instruction of a nurse who may or may not be present, or independently. Column C of the questionnaire asks the respondent to identify the type of training which is required for the nursing attendant to carry out these responsibilities safely and competently. The response key is as follows:

1) no instruction required
2) instruction from another nursing attendant
3) instruction from a clinical educator
4) instruction from the Alberta Vocational Centre Program.

A space was left for comments which concluded the questionnaire.

Data Collection Procedures

Procedures associated with the collection of data included

selection of nursing homes, distribution of questionnaires and the compilation of responses.

In order to obtain participants for the study, each Director of Nursing of five nursing homes in central Alberta was initially contacted by telephone and informed of the nature of the proposed study. Written permission was obtained to distribute the questionnaires to all full-time, part-time and casual registered nurses and nursing attendants in these nursing homes. Each Director was visited individually to confirm arrangements.

Anonymity of individual responses was guaranteed by the clinical educators who distributed and collected the questionnaires. Assurances were given by the investigator that nursing homes would not be identified by name in the reporting of the study. Questionnaires were picked up by the investigator on a specified date.

The questionnaires were distributed to all fifty-nine registered nurses and 159 nursing attendants working on a casual, part time or full-time basis in five nursing homes.

Table 1 shows the distribution of the questionnaires and the percentage return rates for nursing attendants. One hundred and nine of 159 questionnaires were returned with all responses usable. This represents a return rate of just under 69 percent.

As is indicated in Table 1, nursing home Number Four had a 100 percent return. This probably indicates a high commitment on

Table 1

Frequency and Percentage Return of Questionnaires for Nursing Attendants

Nursing Home	Number of Questionnaires Distributed	Number of Questionnaires Returned	Percentage Returned
1	36	30	83.3%
2	38	26	68.4%
3	43	22	51.2%
4	18	18	100.0%
5	24	13	54.2%
Total	159	109	68.6%

the part of the clinical educator to collecting the questionnaires and a desire to supply information from her particular institution. Nursing home Number One was second with an 83.3 percent return rate. Staff were willing to participate in the study, and the six not returned were probably due to staff being away for days off or holidays. Although several trips were made to collect questionnaires that were outstanding, no additional ones were returned. Nursing homes Two and Five had return rates of 68.4 percent and 54.2 percent respectively. The clinical educators had no reasons for the less than favorable return except to say that questionnaires were completed on a voluntary basis. Nursing home Number Three had the lowest return rate with 51.2 percent return. No reason was given by the

clinical educator for this low return rate.

Table 2 indicates that of the 59 questionnaires distributed to registered nurses, 35 were returned. The highest return rate, 100 percent, was from nursing home Number Four. Second was nursing home Number One with a return rate of 60 percent. Number Two nursing home followed with a return rate of 58.8 percent while Numbers Three and Five had return rates of 46.7 percent and 44.4 percent, respectively.

The lower return rates for registered nurses than those of nursing attendants might be explained by the increased number of part-time and casual nurses employed by nursing homes. Because of casual or part-time status, nurses might not feel knowledgeable enough about nursing attendant responsibilities in the particular institution to participate in the study.

Table 2

Frequency and Percentage Return of Questionnaires for Registered Nurses

Nursing Home	Number of Questionnaires Distributed	Number of Questionnaires Returned	Percentage Returned
1	10	6	60.0%
2	17	10	58.8%
3	15	7	46.7%
4	8	8	100.0%
5	9	4	44.4%
Total	59	35	59.3%

Data Analysis

The data obtained from the returned questionnaires were coded, entered into a computer and analyzed using the statistical package for the Minitab Program. The primary mode of analysis was to compute frequencies, percentages and means.

The characteristics of the respondent as elicited in Sections A, B, C, D, E of the nursing attendants' questionnaire and Sections A and B of the registered nurses' questionnaire were summarized by frequency distributions and percentages. The respondents' comments were summarized for both sets of questionnaires for frequency of occurrence, and categories were rank ordered.

Characteristics of Registered Nurses

Registered nurses were asked to respond to five questions under the heading of Personal and Professional Data. Information which was obtained is summarized in Table 3 by frequency and percentage distribution.

Personal and Professional Characteristics

Table 3 shows that 39.5 percent of nurses in the sample were 26 to 35 years of age, 31.6 percent were over 46 years of age and 15.8 percent were aged 19 to 25 years. Only 13.1 percent were aged 36 to 45 years. The data also show nursing to be a

Table 3

Frequency and Percentage Distributions for Personal and Professional Characteristics of Registered Nurses

Characteristic		Categories			
Age		19-25	26-35	36-45	46 and over
	f	6	15	5	12
	%	15.8	39.5	13.1	31.6
Sex		Male	Female		
	f	1	34		
	%	2.9	97.1		
Nursing Program		Hospital	College	University	
	f	22	12	1	
	%	62.9	34.3	2.9	
Length of Program		2 years	2-3 years	3-4 years	4-5 years
	f	8	20	5	1
	%	23.5	58.8	14.7	2.9
Year Graduated		1955	1956-1965	1966-1975	1976-1985
	f	8	7	7	13
	%	22.9	20	20	37.1

predominantly female profession with 97.1 percent female employees and only 2.9 percent male nurses.

In listing the type of nursing program completed by registered nurses employed by nursing homes, 62.9 percent are graduates of a hospital-based program, 34.3 percent are from a college based program and only 2.9 percent are university graduates or one in thirty-five graduates hold a degree in nursing.

The largest number of graduates 58.8 percent, were those who completed a 2 to 3 year program while 23.5 percent completed a 2 year program, and 14.7 percent completed a 3 to 4 year program. The university graduate with the 4 to 5 year program makes up only 2.9 percent of the registered nurses working in the nursing homes in this study.

In relation to the year of graduation, the greatest number of graduates is 37.1 percent graduating from 1976 to 1985. The second group graduated in the years up to 1955 with 22.9 percent, and the final two groups were equal at 20 percent each graduating from 1956 to 1965 and from 1966 to 1975.

Nearly 63 percent of the registered nurses graduated from a 2 to 3 year hospital based program as opposed to 34 percent from a college based program. Nurses graduating from hospital based programs are more likely to have spent longer periods of time in a hospital than are college based nurses.

Summary

The data for this study were collected by means of a questionnaire survey. Two questionnaires were developed--one for registered nurses, another for nursing attendants. The questionnaire for the registered nurses was divided into two sections and included a total of seventy items. Section A included personal and professional data. Section B asked the nurse to respond to a list of sixty-three activities performed by nursing attendants as they related to actual supervision by the nurse and the type of training perceived to be required for the nursing attendant to carry out her responsibilities safely and competently.

The questionnaire for nursing attendants consisted of five sections that included: personal data, previous occupational experience, knowledge level in performing sixty-three activities--including initial method of instruction received and their perception of learning these skills through the Personal Care Aide program--orientation procedures and future plans.

The questionnaires were distributed to registered nurses and nursing attendants employed in five nursing homes in central Alberta at the time of the study. The primary method of analysis was to compute frequencies, percentages and means.

The findings related to personal and professional data of registered nurses were summarized by frequency and percentage

distributions. Nurses in this study ranged in age from 19 to 46 and over, were 97 percent female, with the majority graduating from a 2-3 year hospital based program over a 30 year time span.

CHAPTER FOUR

Characteristics of Nursing Attendants

In this chapter are presented the results of analyzing data on the educational and vocational backgrounds of nursing attendants. The backgrounds are described in five sections: personal and professional characteristics, nature of employment, educational background, orientation training and future plans.

Personal and Professional Characteristics

Nursing attendants were asked to respond to five questions under the heading of Personal and Professional Data. Information obtained from these questions is summarized in Table 4 by frequency and percentage distributions.

Table 4 shows that a large proportion, seventy-one nursing attendants or 66.4 percent, are 31 years of age or over. Seventeen or 15.9 percent are 26 to 30 years of age; fourteen or 13.1 percent are 19 to 25 years of age, and five or only 4.7 percent who answered the questionnaire were 18 years or younger.

In relation to gender of workers, 105 or 97.2 percent are female while only three or 2.8 percent of nursing attendants are male.

Table 4

Frequency and Percentage Distributions of Personal Data for Nursing Attendants

Characteristic		Categories			
Age		18	19-25	26-30	31 and over
	f	5	14	17	71
	%	4.7	13.1	15.9	66.4
Gender		Female		Male	
	f	105		3	
	%	97.2		2.8	
Marital Status		Single	Married	Separated Divorced	Widow	Other
	f	12	80	10	3	1
	%	11.3	75.5	9.4	2.8	0.9
Husband Employed		Yes		No		
	f	70		15		
	%	82.4		17.6		
Dependents		0	1	2/3	4 or	
	f	41	33	25	5	
	%	39.4	31.7	24.0	4.8	

With respect to marital status, Table 4 shows the largest number, eighty persons or 75.5 percent were married, twelve or 11.3 percent were single, ten or 9.4 percent were separated or divorced, and three or 2.8 percent widowed.

The employment status of the spouse was noted. Seventy or 82.4 percent were employed, and fifteen or 17.6 percent were unemployed. As is indicated in Table 4, forty-one nursing attendants or 39.4 percent had no dependents and thirty-three or 31.7 percent had only one dependent. The number of nursing attendants with two or three dependents was twenty-five or 24 percent and only five or 4.8 percent had four or more dependents.

Nature of Employment

Nursing attendants were asked to respond to four questions relating to current employment status. Responses are summarized in Table 5. Three types of employment were available to nursing attendants: casual, permanent part-time or full-time. Casual was defined as meaning that the nursing attendant would come when she was called, if at all possible. Casual employees do not receive benefits such as health care, sick time, dental plans but do attend in-service education.

Fifty-four respondents or 55.1 percent worked permanently part-time. Twenty-nine persons or 29.6 percent worked full-time

Table 5

Employment and Experience of Nursing Attendants

Employment and Experience		Categories				
Type of position		Casual	Permanent Part Time	Full Time		
	f	15	54	29		
	%	15.3	55.1	29.6		
Number of hours worked per week		20 hours/or	21-30 hours	31-40 hours		
	f	22	41	40		
	%	21.4	39.8	38.8		
Number of years previous experience		12 months or less	1-3 years	3-5 years	5-10 years	10 years
	f	12	16	11	28	36
	%	11.7	15.5	10.7	27.2	35.0
Prior Work Experience		None	Clerical	Home	Self	Semi-skilled
	f	3	22	42	8	1
	%	2.8	20.8	39.6	7.6	0.9
		Service	Student	Trade	Health Care Worker	
	f	7	5	1	17	
	%	6.6	4.7	0.9	16.0	
Previous Experience With Seniors		Volunteers	Relatives	Others		
	f	18	42	17		
	%	23.4	54.5	22.1		

and only fifteen or 15.3 percent of the nursing attendants worked casual.

The number of hours worked were divided into three groupings: 20 hours or less, 21 to 30 hours, and 31 to 40 hours. Forty-one persons or 39.8 percent worked 21 to 30 hours; forty nursing attendants (38.8 percent) worked 31 to 40 hours and twenty-two (21.4 percent) worked 20 hours or less. Working hours covered short periods of time when demands on nursing attendants were heaviest; for example bath times, meal times, or planned outings requiring patient readiness for transportation.

In examining the number of years of previous experience, 72.9 percent had over 3 years of experience. Thirty-five percent had over 10 years of experience; 27 percent, 5 to 10 years, and 10 percent of the nursing attendants had 3 to 5 years of experience.

In relation to the type of work experienced by the health care workers prior to working in a nursing home, only seventeen persons or 16.0 percent had spent any time as health care worker. The highest percentage, 39.6 percent, or forty-two persons had been homemakers. Other areas of experience in order of rank are 20.8 percent clerical, 7.6 percent self-employed, 6.6 percent in service areas, and 4.7 percent were students. "None" was answered by 2.8 percent and 1.0 percent each in trade or semi-skilled work areas accounted for the remainder.

The common element of previous work experiences is the minimal formal involvement with seniors. In relation to previous work experience with seniors in Table 5, it becomes evident that forty-two persons or 54.5 percent of nursing attendants received their experiences at a very personal level, namely, with relatives. The remaining thirty-five who answered this question on experience with seniors were almost equally divided, half as volunteers and the rest in other ways. Some respondents who answered 'others' qualified their answers with comments such as: arts and crafts classes, bingo, square dancing, parent's friends, neighbours, and babysitters.

Educational Background

According to the data in Table 6 regarding educational background of nursing attendants, 41.9 percent, had Grade X or XI standing and another 27.6 percent had a high school diploma. On either end of the educational continuum, 11.4 percent had Grade IX education or less and 9.5 percent had a college level education. No nursing attendants were educated at the University level. College students were, for the most part, first year nursing students working on a part time or casual basis in order to earn money to complete their education.

The data in Table 6 suggest that a substantial proportion of

Table 6

Educational Background of Nursing Attendants

Activity		Categories			
Formal Education		Grade 9	Grade 10/11	High School Diploma	High School Matriculation
	f	12	44	29	10
	%	11.4	41.9	27.6	9.5
		College	University		
	f	10	0		
	%	9.5	0		
Specific Courses Taken		Sociology	Psychology	Therapeutic Touch	
	f	22	7	2	
	%	21.4	6.8	1.9	
		Gerontology	None	Other	
	f	0	39	33	
	%	0	37.9	32.0	
Communication Courses		0	1	2-4	4
	f	68	20	9	9
	%	64.2	18.9	8.5	8.5
Courses helpful		None	Some	Most	
	f	19	17	40	
	%	25	22.4	52.6	

nursing attendants (37.9 percent) had taken no courses to help them to care for the elderly. Some had taken sociology (21.4 percent), psychology (6.8 percent), and only two (1.9 percent) had taken courses on therapeutic touch. None had taken a course in gerontology. Under 'other', some respondents added hairdressing (high school), fashion design (high school), first aid, and cardiopulmonary resuscitation.

Communication skills and techniques with the elderly are dealt with in communication courses offered by health care institutions. Sixty-four percent of respondents indicated that they have taken no communication courses, 18.9 percent have taken one, 8.5 percent have taken 2 to 4 courses and 8.5 percent have taken more than 4 courses. Those respondents who have taken more than 4 of these courses were nursing students who worked part-time at the nursing homes. Most respondents, 40 percent, found the courses helpful in working with their senior patients but 25 percent stated that these were not helpful at all.

Orientation Training

Table 7 focuses on training received in orientation from two perspectives. The first deals with orientation received from another nursing attendant. Nearly 7 percent of respondents stated that they had received no orientation; 51.0 percent received less than 8 hours; 17.6 percent received 9 to 16 hours and 24.5 percent received 17 to 24 hours. Comments from the

latter group suggested that although this period of time was called orientation, the new attendant had her own assigned patients and could request help from the senior attendant if required.

Table 7

Training Received During Orientation by Nursing Attendants

Source of Training		Categories			
Orientation from another nursing attendant		0	8 hours	9-16 hours	17-24 hours
	f	7	52	18	25
	%	6.9	51.0	17.6	24.5
Orientation from clinical educator		4 hours	5-8 hours	< 8 hours plus buddy < 8 hours	Other
	f	22	13	11	38
	%	26.2	15.5	13.1	45.2

Orientation was defined by some attendants in written comments as learning everything; for example, physical layout of institution, location of rooms, location of supplies and linen, and labelling of residents' personal belongings. Some of the new things learned during orientation concerned routines. Included were that routine of the nursing home involved three shifts; that residents ate in their rooms, special areas or main dining room; and that diets had to be watched carefully to ensure residents ate as prescribed.

In answering the questions regarding orientation from a clinical educator, 26.2 percent of respondents stated that they received less than 4 hours, 15.5 percent received 5 to 8 hours, 13.1 percent received, in total, less than 8 hours from the clinical educator combined with under 8 hours from another attendant. Forty-five percent of respondents listed other under orientation. Comments associated with this response varied, for example, a mixture of buddy, clinical educator, nurse. Another commented that the patients were very aware of the routines and helped to direct activity as it applied to them.

Future Plans

Respondents were asked about their future educational and occupational plans. The responses are summarized in Table 8. Those with no specific educational plans numbered 41.3 percent, while 46.2 percent were interested in taking the Alberta Vocational Centre Personal Care Aide program which is offered by the Alberta Hospital Association. In the area of academic upgrading, 1.9 percent were interested while 1.0 percent were inclined towards a technical trade. College, university and post-secondary education, such as nursing, received responses of 2.9 percent, 1.9 percent and 1.9 percent respectively. The perceived need according to numbers advocating the Alberta Vocational Centre course was for more training.

Occupational plans of respondents suggested a tendency to hold on to their positions with 87.5 percent opting to continue with their work while 7.7 percent had no occupational plans for the future. Nearly 5 percent considered change from part-time to a full-time position but none considered a full-time to part-time position change.

Table 8

Future Educational and Occupational Plans of Nursing Attendants

Future Plans		Categories				
Educational Plans		None	Academic Upgrading	Technical Trade	College	University
	f	43	2	1	3	2
	%	41.3	1.9	1.0	2.9	1.9

		Post Secondary Education	AVC	Other
	f	2	48	3
	%	1.9	46.2	2.9

Occupational Plans		Continue	Part Time to Full Time	Full Time to Part Time	None
	f	91	5	0	8
	%	87.5	4.8	0	7.7

Summary

The majority of nursing attendants involved in this study were married females with one or no dependents, who worked permanently part-time, had ten years of experience and worked forty hours a week. Most had little previous experience as a health care worker and received their gerontological experience from contact with relatives. Most had less than a high school education and had not updated their education in relation to their job. Orientation, for the most part was received from another nursing attendant, and only recently was any orientation given by a clinical educator. Future plans included completion of the AVC Program for about half of the respondents while over 87 percent planned to continue with their present position.

CHAPTER FIVE

Duties and Training of Nursing Attendants as Perceived by Nurses

The results of analyzing the data to determine the perceptions of nurses regarding the conditions under which nursing attendants should perform their duties, the type of training required, and the extent to which the Personal Care Aide program should include training on specific topics are presented in this chapter.

Registered nurses were asked to consider whether sixty-three duties should be carried out by the nursing attendant 1) on instruction of a nurse who may or may not be present, 2) under direct supervision, 3) or independently.

The respondents were also asked to review the type of training required for a nursing attendant to carry out the duties safely and competently. Types of training included were: instruction by a clinical educator, instruction by another nursing attendant (a 'buddy'), or no instruction required. Finally, the extent to which registered nurses supported the Personal Care Aide training for each activity was assessed.

The sixty-three activities were divided into five smaller sections for purposes of presenting the results: safety measures and patient hygiene, ambulation appliances and restraints, food

and elimination, positioning of patients, and skills and procedures.

Safety Measures and Hygienic Care

Table 9 summarizes data from the questionnaire on the section relating to safety measures and hygienic care. The items are ordered from highest to lowest in terms of the percentages of nurses who indicated that these listed duties should be performed on the instruction of a nurse who may or may not be present. An inspection of the table indicates that the first eight activities tend to be safety related while the ten other activities tend to be hygiene related. For the greatest percentage of nurses, performing duties on instruction of a nurse was important in relation to safety and preventative measures. Examples included preventing injury to patients or staff in mobilizing patients, the prevention of skin breakdown and handwashing to prevent the spread of disease or infection. The ten lower ranked duties reflected a greater percentage of nurses supporting nursing attendants in performing hygienic care independently; apparently the safer the activity, the less the need for direct supervision.

One possibility for the high percentage of nurses suggesting a need for performing safety related responsibilities by nursing attendants on instruction might be an increased awareness of

Table 9

Performance Conditions for Nursing Attendants as Perceived by Nurses--Safety Measures and Hygienic Care (N=35)

Duties	Performance Conditions		
	Instruction %	Supervision %	Independent %
1. Correct Method of Ambulating/ Transferring	67.7	5.8	26.5
2. Handwashing	66.7	8.3	25.0
3. Foot Care	65.6	12.5	21.9
4. Skin Care - Bony Prominences	63.6	6.1	30.3
5. Nail Care - Feet	55.9	5.9	38.2
6. Safety Measures - Patient (call bell, side rails, etc)	55.9	11.8	32.2
7. Skincare Backrubs	51.6	3.0	45.4
8. Lift/Transfer/Move Patient - Protect Self	51.6	6.5	41.9
9. Shaving - Safety Razor	45.5	6.1	48.5
10. Bedbath	44.1	5.9	50.0
11. Century Tub Bath	41.2	5.9	52.9
12. Clean/Floss Teeth	39.4	6.1	54.5
13. Tubbath	38.2	5.9	55.9
14. Shaving - Electric Razor	38.2	2.9	58.8
15. Nail Care - hands	38.2	2.9	58.8
16. Braid/Bun Hair	32.4	2.9	64.7
17. Shampoo/Rinse Hair	32.4	2.9	64.7
18. Cleans Dentures	23.5	5.9	70.6

legalities surrounding patient care and the liability of the care giver. Because the registered nurse is trained in her area of expertise and is responsible for ensuring that care is carried out safely and competently, they may have felt a need to instruct the nursing attendant in performing safety measures.

In general, only a low percentage of registered nurses support direct supervision of nursing attendants in relation to any responsibility. This may be explained by the division of labor between nurses and nursing attendants in nursing homes and the fact that one nurse is responsible for a large number of patients, including charting, medications and treatments. Time does not allow for direct supervision of nursing attendants.

Table 10 lists the safety and hygienic responsibilities carried out by nursing attendants in nursing homes and the responses from registered nurses as to the type of training required. The duties are listed in descending order according to the percentage of nurses who perceived a need for a clinical educator to provide training in required activities. Over 50 percent of respondents revealed a need for training from a clinical educator in the first seven items, all more safety related tasks with lesser emphasis on hygienic care. The remaining items range between 31 to 46.7 percent for clinical educator involvement on training of nursing attendants. The results reveal a perceived need by registered nurses for nursing

Table 10

Training Required by Nursing Attendants in Safety Measures and Hygienic Care as Perceived by Nurses (N=35)

Duties	Training			
	Clinical Educator %	AVC Program %	Buddy %	None %
1. Safety Measures - Patient (call bell, side rails)	63.3	33.3	0.0	3.3
2. Lift/Transfer/Move Patient - Protect Self	58.3	37.5	0.0	4.2
3. Correct Method of Ambulating/ Transferring	58.1	32.3	6.5	3.2
4. Foot Care	58.1	29.0	9.7	3.2
5. Nail Care - Feet	56.7	30.0	13.3	0.0
6. Skin Care - Bony Prominences	51.6	35.5	12.9	0.0
7. Bedbath	50.0	30.0	16.7	3.3
8. Handwashing	46.7	40.0	10.0	3.3
9. Tubbath	46.7	30.0	20.0	3.3
10. Skin Care Backrubs	45.2	32.3	19.4	3.2
11. Shaving - Safety Razor	41.4	37.9	17.2	3.5
12. Nail Care - Hands	41.4	37.9	17.2	3.5
13. Shaving - Electric Razor	37.9	37.9	17.2	6.9
14. Clean/Floss Teeth	37.9	41.4	17.2	3.5
15. Shampoo/Rinse Hair	34.4	37.9	20.7	6.9
16. Cleanse Dentures	33.3	36.7	23.3	6.7
17. Braid/Bun Hair	27.6	34.5	24.1	13.8
18. Century Tub	31.0	55.2	10.3	3.5

attendants to be generally trained in a wide range of safety and hygienic procedure if they are to care for nursing home residents safely and adequately. As the requirement of training by a clinical educator declines, the appropriateness of "buddy" training increases.

The percentages of registered nurses supporting AVC training in the skills in Table 10 range from about 30 to 55 percent and vary with the activity. The activity supported by 55 percent of respondents is the use of the century tub. Activities in the 39 to 41 percent range relate to hygienic care include handwashing, shaving, hair care, cleaning and flossing teeth. The majority of activities falling in the 30 to 37.9 percent range of support include: denture cleaning, nail care for hands and feet, bathing, safety measures for patient and attendant, and skin care. Foot care training through AVC was supported by only 29 percent of nurses.

Ambulation Appliances and Restraints

Table 11 summarizes the responses of registered nurses relating to conditions under which nursing attendants should perform duties in the area of the application of mobility aids. In only three activities--removing or applying braces (63.6 percent), posey restraints (59.4 percent), and use of the Hoyer Lift (57.6 percent)--did more than half of the respondents feel

Table 11

Performance Conditions for Nursing Attendants as Perceived by Nurses--Use of Ambulation Appliances and Restraints (N=35)

Duties	Performance Conditions		
	Instruction %	Supervision %	Independent %
1. Braces - Apply - Remove	63.6	15.2	21.2
2. Use of Restraints - Posey	59.4	6.3	34.4
3. Hoyer Lift	57.6	12.1	30.3
4. Use of Restraints - Safety Belt	45.4	3.0	51.5
5. Wheelchair Operation - Brakes	35.3	5.9	58.8
6. Wheelchair Operation - Remove Foot Pedal	35.3	5.9	58.8
7. Walker	33.3	9.1	57.6
8. Wheelchair Operation - Foot Pedal	32.4	5.9	61.8
9. Use of Restraints - Limb	30.0	20.0	50.0

that instruction from the nurse was necessary. In six areas, more than 50 percent of nurses responded that the activities could be carried out independently. These were wheelchair operation--footpedal (61.8 percent), removal of footpedal (58.8 percent), brakes (58.8 percent), use of the walker (57.6 percent),

and use of restraints--safety belt (51.5 percent) and limb restraints (50 percent). In most health care institutions a written doctor's order is required to apply restraints. Only three nursing attendant duties had greater than 10 percent responses indicating that direct supervision was required. These were use of limb restraints (20 percent), application and removal of braces (15.2 percent) and use of the Hoyer Lift (12.1 percent).

Registered nurses' responses regarding the type of training that nursing attendants should receive prior to carrying out duties related to ambulation appliances and restraints are listed in Table 12. Three activities--application and removal of braces, use of the Hoyer lift and use of limb restraints--received 58.6, 57.1 and 55.6 percent responses for a clinical educator to instruct these skills. Safety belt and posey restraints received 46.7 and 46.4 percent respectively for clinical educator training. In the views of registered nurses, two activities, use of wheelchair footpedal and removal of footpedal, could be learned from by another nursing attendant.

The percentage of nurses supporting AVC training in the use of ambulation appliances and restraints in Table 12 ranges from about 33 to 43 percent. The only activity rated in the 40 percent range is that of applying a posey restraint. The use of the Hoyer lift, walker, and application and removal of braces are supported by 39, 37.9 and 34.5 percent of nurses respectively.

Wheelchair operation, safety and limb restraints all are supported by 33 percent of respondents.

Table 12

Training Required by Nursing Attendants in Use of Ambulation Appliances and Restraints as Perceived by Nurses (N=35)

Duties	Training: Clincial Educator %	AVC Program %	Buddy %	None %
1. Braces - Apply, Remove	58.6	34.5	6.9	0.0
2. Hoyer Lift	57.1	39.3	3.6	0.0
3. Use of Restraints - Limb	55.6	33.3	7.4	3.7
4. Use of Restraints - Safety Belt	46.7	33.3	13.3	6.7
5. Use of Restraints - Posey	46.4	42.9	7.1	3.6
6. Walker	41.4	37.9	17.2	3.5
7. Wheelchair Operation - Brakes	33.3	33.3	30.0	3.3
8. Wheelchair Operation - Footpedal	30.0	33.3	33.3	3.3
9. Wheelchair Operation - Remove Pedal	30.0	33.3	33.3	3.3

Feeding and Elimination Procedures

Table 13 summarizes responses from registered nurses regarding training in feeding and elimination procedures

Table 13

Performance Conditions for Nursing Attendants as Perceived by Nurses--Feeding and Elimination Procedures (N=35)

Duties	Performance Condition		
	Instruction %	Supervision %	Independently %
1. Intake - Output - Record	70.6	0	29.4
2. Enemas	56.3	15.6	28.1
3. Intake - Output - Measure	55.9	0.0	44.1
4. Suppositories	55.9	2.9	41.2
5. Perineal Care - Male	44.1	2.9	52.9
6. Diapering Patient	42.4	3.0	54.5
7. Feeding Patients	41.2	2.9	55.9
8. Perineal Care - Female	41.2	2.9	55.9
9. Use of Bedpan	35.3	2.9	61.8
10. Use of Urinals	33.3	0.0	66.7
11. Use of Commode	33.3	0.0	66.7

implemented by nursing attendants. For four duties the majority of nurses responded that performance should be on instruction of a nurse: recording of intake and output (70.6 percent), giving enemas (56.3 percent), measuring intake and output (55.9 percent) and inserting suppositories (55.9 percent). Fifteen percent of

nurses felt that enemas should be given under direct supervison. The remaining seven duties--perineal care, (male and female), diapering, feeding and use of bedpan, urinals and commodes--were viewed by 52.9 to 66.7 percent of nurses as among those which could be performed by nursing attendants independently.

Table 14 presents the nurses' responses to teaching of skills to attendants and support for the AVC training program in the area of feeding and elimination procedures. The percentage of nurses supporting training by a clinical educator of these skills ranged from 29 to 58.1 percent, those supporting training by a buddy ranged from 6.5 to 19.4 percent and those responding that no training was necessary ranged from 0 to 6.7 percent. Support for the training by the AVC Program ranged from 35.5 to 48.4 percent. In feeding patients, 41.9 percent of nurses responded that a clinical educator should teach this skill. Regarding use of urinals, bedpans and commodes the same percentages (36.7 percent) favored training by a nurse, while 40 percent of nurses favored AVC training in the procedures. The percentage of nurses who suggested that no training was required ranged from 3.2 to 6.7 percent. Only 6.5 to 19.4 percent indicated that learning from another nursing attendant was sufficient. For seven of the eleven skills, respondents recommended training by a clinical educator.

Table 14

Training Required by Nursing Attendants in Feeding and Elimination Procedures as Perceived by Nurses (N=35)

Duties	Training			
	Clinical Educator %	AVC Program %	Buddy %	None %
1. Enemas	58.1	35.5	6.5	0.0
2. Suppositories	46.7	40.0	6.7	6.7
3. Perineal Care - Male	46.7	40.0	10.0	3.3
4. Perineal Care - Female	46.7	36.7	13.3	3.3
5. Diapering Patient	45.2	38.7	9.7	6.5
6. Feeding Patients	41.9	35.5	16.1	6.5
7. Use of Bedpan	36.7	40.0	16.7	6.7
8. Use of Urinals	36.7	40.0	16.7	6.7
9. Use of Commode	36.7	40.0	16.7	6.7
10. Intake/Output - Record	35.5	48.4	12.9	3.2
11. Intake/Output - Measure	29.0	48.4	19.4	3.2

Positioning of Patients

Table 15 summarizes responses from registered nurses on performance conditions regarding duties associated with positioning of patients by nursing attendants. Percentages of

Table 15

Performance Conditions for Nursing Attendants as Perceived by Nurses in Positioning of Patients (N=35)

Duties	Performance Conditions		
	Instruction %	Supervision %	Independent %
1. Position Vomiting Patient	63.3	13.3	23.3
2. Position Patient - Sim's	53.1	9.4	37.5
3. Position Patient - Fowler's	52.9	5.9	41.2
4. Position Patient - Supine	52.9	2.5	44.1
5. Position Patient - Prone	51.9	7.4	40.7
6. Position Patient - Lateral	46.9	6.3	46.9
7. Position Patient - Semi Fowler's	42.4	6.1	51.5
8. Position Patient - Trendelenburg	40.0	30.0	30.0

respondents suggesting that instruction of a nurse was required ranged from 40 to 63.3 while those supporting direct supervision ranged from 6.1 to 30.0 percent. Those supporting independent performance ranged from 23.3 to 51.5 percent. The highest ranked activity was that of positioning of a vomiting patient, where 63.3 percent of respondents suggested need for nurse's instruction. Sim's, Fowler's, Supine and Prone positioning required nurse's instruction according to over 50 percent of respondents while lateral positioning received equal support for

instruction of a nurse and performing independently. Over 50 percent of respondents suggested that Semi Fowler's positioning could be performed independently. The Trendelenburg position was supported equally by 30 percent of respondents for being performed independently or under direct supervision of the nurse while 40 percent suggested nurses should instruct on this procedure.

In relation to the type of training nursing attendants should be receiving on positioning of patient, the data in Table 16 indicate that most respondents supported training by a clinical educator in all areas with percentages ranging from about 54 to 57 percent. The percentages for training from a buddy ranged from 6.7 to 10.7.

The inclusion of training in the positioning of patients in the AVC Program received support from 35.5 percent to 44 percent of nursing respondents. Prone positioning received the most support--44 percent--perhaps due to the limited use of this position.

Miscellaneous Skills and Procedures

The performance conditions for nursing attendants to carry out responsibilities relating to miscellaneous skills and procedures are presented in Table 17. Nearly 73 percent of registered nurses supported instruction of a nurse for comforting

Table 16

Training Required by Nursing Attendants in Positioning of Patients as Perceived by Nurses (N=35)

Duties	Training			
	Clinical Educator %	AVC Program %	Buddy %	None %
1. Position Vomiting Patient	56.7	40.0	0.0	3.3
2. Position Patient - Lateral	54.8	35.5	9.7	0.0
3. Position Patient - Trendelenburg	53.6	35.7	10.7	0.0
4. Position Patient - Semi Fowler's	53.3	40.0	6.7	0.0
5. Position Patient - Supine	51.6	38.7	9.7	0.0
6. Position Patient - Fowler's	50.0	40.0	10.0	0.0
7. Position Patient - Prone	48.0	44.0	8.0	0.0
8. Position Patient - Sim's	56.7	36.7	6.7	0.0

Table 17

Performance Conditions for Nursing Attendants as Perceived by Nurses--Skills and Procedures (N=35)

Duties	Performance Conditions		
	Instruction %	Supervision %	Independently %
1. Comfort a Vomiting Patient	72.7	9.1	18.2
2. Temperature/Pulse/ Respiration	65.5	20.7	13.8

Table 17 (cont)

Duties	Performance Conditions: Instruction %	Supervision %	Independently %
3. Compresses - Hot	64.5	16.1	19.4
4. Hotpacks	62.5	18.8	18.8
5. Care of the Dying Patient	57.6	18.2	24.2
6. Blood Pressure	55.6	25.9	18.5
7. Care of the Patient with Oxygen	54.6	39.4	6.1
8. Weigh Patient - Sitting	52.9	2.9	44.1
9. Compresses - Cold	51.6	22.6	25.8
10. Soaks	48.4	38.7	12.9
11. Weigh Patient - Standing	47.1	2.9	50.0
12. Patient Privacy	47.1	5.9	47.1
13. Communication Skills - Patient	44.1	2.9	52.9
14. Bedmaking - Occupied Bed	41.2	8.8	50.0
15. Communication Skills - Health Team	41.2	8.8	50.0
16. Bedmaking - Unoccupied bed	32.4	5.9	61.8
17. Dress/Undress Patients	29.4	5.8	64.8

a vomiting patient; however, 18 percent of nurses suggested that this should be performed independently. The taking of vital signs--temperature, pulse, and respiration--and application of hot compresses and hot packs were rated as performed under instruction by 65.5, 64.5 and 62.5 percent respectively. Over 20 percent of respondents suggested that vital signs be taken only under direct supervision of a nurse and only 13.8 percent favored independent performance of the skill. Care of the dying patient had 57.6 percent of respondents in favor of instruction from the nurse while 24.2 percent supported independent performance of this responsibility. Communication skills with patients and with health team members were supported by 44.1 and 41.2 percent of respondents as needing instruction while 52.9 and 50 percent suggested the nursing attendants could perform these skills independently. Over 60 percent of respondents indicated that bedmaking and dressing patients could be performed independently.

The type of training required by nursing attendants to complete these specific skills and procedures as perceived by registered nurses is presented in Table 18. In all seventeen activities, training by a clinical educator was chosen by a large margin over learning from a 'buddy' or no training required. Sixty to 72.4 percent of nurses supported a need for training by a clinical educator to nursing attendants administering soaks, cold compresses, oxygen therapy, blood pressure assessment

Table 18

Training Required by Nursing Attendants in Skills and Procedures as Perceived by Nurses (N=35)

Duties	Training			
	Clinical Educator %	AVC Program %	Buddy %	None %
1. Soaks	72.4	20.7	3.5	3.5
2. Compresses - Cold	71.4	21.4	3.6	3.6
3. Care of the Patient with Oxygen	71.0	25.8	0.0	3.2
4. Blood Pressure	64.3	25.0	3.6	7.1
5. Care of the Dying Patient	63.3	30.0	6.7	0.0
6. Communication Skills - Health Team	63.3	33.3	0.0	3.3
7. Temperature/Pulse/Respirations	60.0	36.7	0.0	3.3
8. Hotpacks	58.6	31.0	6.9	3.4
9. Compresses - Hot	57.1	35.7	7.1	0.0
10. Patient Privacy	53.3	33.3	10.0	3.3
11. Communication Skills - Patient	51.6	38.7	0.0	9.7
12. Comfort a Vomiting Patient	51.6	38.7	3.2	6.5
13. Bedmaking - Occupied Bed	44.8	41.4	13.8	0.0
14. Bedmaking - Unoccupied Bed	35.7	39.3	25.0	0.0
15. Weigh Patient - Standing	34.5	41.4	13.8	10.3
16. Weigh Patient - Sitting	34.5	41.4	17.2	6.9
17. Dress/Undress Patient	30.0	40.0	26.7	3.3

communication skills--health team, care of the dying patient and vital signs. Between 51 and 58.6 percent of nurses supported

clinical educator training in areas of hotpacks, hot compresses, ensuring patient privacy, comfort of a vomiting patient and communication skills with the patient. Making an occupied bed was supported by 44.8 percent of nurses as requiring clinical educator training while only 35.7 percent supported this type of training for making an unoccupied bed. Weighing, and dressing and undressing patients were assessed by 30 to 34.5 percent of nurses as requiring clinical educator training.

As is shown in Table 18, the percentage of nurses supporting the AVC training program in skills and procedures performed by nursing attendants ranges from 20.7 to 41.4 percent. The activities of weighing patients, making occupied beds and dressing/undressing patients received the most support, 40 to nearly 42 percent, while making an unoccupied bed, comforting, communicating, taking vital signs, maintaining privacy and applying hot compresses ranged from 31 to 39 percent. Care of the dying patient was supported by only 30 percent of nurses for the AVC program while the last four activities, the patient with oxygen, compresses, soaks and blood pressure surveillance rated in the 20 percent support area.

Summary

Registered nurses were asked to share their perceptions regarding the conditions under which nursing attendants should

perform various duties, the type of training required and the extent to which the AVC Program should include instruction on specific topics. The sixty-three areas of responsibility were divided into five sections: safety and hygiene, ambulation appliances and restraints, food and elimination, positioning of patients, and miscellaneous skills and procedures.

In responding to each of the above, most nurses perceived that all safety related duties should be performed with on-going instruction while hygiene related activities could be performed independently by the nursing attendant. Nurses suggested that safety and hygienic activities tended to require training by a clinical educator; support for the AVC Program ranged from 29 to 55 percent for these activities.

In performing activities related to the use of ambulation appliances and restraints, nurses responded that six activities could be performed independently while three required on-going instruction. Nurses assessed a need for initial training by a clinical educator in all but two of the activities (which could be learned from a buddy). Support for inclusion of these activities in the AVC Program ranged from 33 to 43 percent.

Under the section on food and elimination, most nurses indicated that four activities needed nurse's on-going instruction while seven could be performed independently. Most nurses supported training by a clinical educator as initial

requirements in all except four activities listed, and 35 to 48 percent supported inclusion of these activities in the AVC Program.

According to nurse responses, positioning of the patient should be performed on the instruction of the nurse for six positions. One could be performed independently and one was answered equally for performing independently and needing nurse's instruction. The percentage of nurses supporting AVC teaching of these activities ranged from 35 to 44 percent.

In responding to the list of miscellaneous skills and procedures, nurses suggested that ten activities required instruction of a nurse while seven could be performed independently. Support for inclusion of skills in AVC Program was 20 to 41 percent.

In twenty-nine of the sixty-three activities, the majority of nurses suggested a need for on-going instruction by the nurse in order for nursing attendants to carry out their duties safely and carrectly. Another twenty-nine activities were viewed by the majority of nurses as those which could be performed independently by nursing attendants. None of the activities was seen by the majority as requiring direct supervision of the nurse.

Training by a clinical educator was supported in the case of sixty of the sixty-three activities performed by nursing

attendants in the views of the majority of nurses.

The percentage of nurses recommending the inclusion of activities in the AVC Program ranged from 20 to 55 percent. Only one procedure (century tub) received the support of the majority. The low percentage of nurses supporting the AVC Program may have been due to the high numbers who indicated that training should be done by clinical educators.

CHAPTER SIX

Duties and Training as Perceived By Nursing Attendants

This chapter is focused on the responses of nursing attendants to the same duties or activities as were analyzed from the perspective of nurses in the preceding chapter. Most of the analysis relates to the ways in which nursing attendants received training for the duties which they perform and the extent to which they support inclusion of relevant topics in the AVC program. The chapter concludes with a section on training circumstances and preferences.

Source of Training and Support for AVC Program

Nursing attendants were asked to identify their duties and to describe the type of orientation or training received--whether from a buddy, a clinical educator, through previous experience or no instruction in the activity. The respondents were then asked to suggest whether these activities should be included in the Alberta Vocational Centre Personal Care Aide Inservice Training Program--referred to as the AVC Program. They responded according to the following categories: definitely include,

optional whether to include, or need not be included. As in the preceding chapter, the sixty-three activities were divided into five sections for purposes of presenting results. The number of nursing attendants actually performing these duties is identified for each section.

Safety Measures and Hygienic Care

The percentage distributions of responses for sources of training for eighteen safety and hygienic duties are presented in Table 19. Of the eighteen duties, thirteen were performed by 100 or more nursing attendants while only five duties were performed by fewer than 100 attendants.

In relation to training received by Nursing Assistants on the eighteen safety measures and hygienic care duties, the percentage of those who received training from a "buddy" ranged from 23.8 to 53.4 percent. The percentage of nursing attendants who had previous experience in these areas ranged from 14.6 to 26 percent, while the percentage that received no training ranged from 5.8 to 27 percent in various activities listed. The percentage receiving training from a clinical educator ranged from 17.2 to 31.6 percent. Training by a buddy was the predominant response in fourteen of the eighteen duties. In only two areas--clean/floss teeth and handwashing--did the highest percentage of respondents receive training from a clinical educator. Out of the eighteen areas of care listed, eight relate

Table 19

Training Received by Nursing Attendants in Safety Measures and Hygienic Care (N=109)

Duties	f	Source of Training: Buddy %	Clinical Educator %	Experience %	None %
1. Century tub	102	53.4	26.2	14.6	5.8
2. Tubbath	104	43.3	26.9	20.0	9.7
3. Skin Care - Backrubs	102	43.1	25.5	23.5	7.8
4. Braid/Bun Hair	99	42.4	17.2	16.2	24.2
5. Safety Measures - Patient (side rails, call bell, etc)	104	42.3	28.9	19.2	9.6
6. Lift/Transfer/Move Patient - Protect Self	104	41.4	29.8	20.2	8.7
7. Skin Care - Bony Prominences	102	39.2	26.5	22.0	12.3
8. Correct Method of Ambulating/Transferring	98	38.8	31.6	22.5	7.1
9. Bedbath	104	35.6	26.0	24.0	14.4
10. Foot Care	95	34.7	26.3	25.1	13.9
11. Shampoo/Rinse Hair	104	32.7	23.1	26.0	18.3
12. Shaving - Electric Razor	96	32.3	24.0	22.9	20.8
13. Clean Dentures	105	29.5	24.8	24.8	21.0
14. Shaving - Safety Razor	89	29.2	23.6	20.2	27.0
15. Clean/Floss Teeth	104	26.0	26.9	23.1	24.0
16. Nail Care - Hands	101	25.7	24.8	23.8	25.7
17. Nail Care - Feet	100	25.0	25.0	23.0	27.0
18. Handwashing	105	23.8	31.4	21.0	23.8

more to safety and ten more to hygiene. Five duties relating to safety--skin care, safety measures, siderails, moving patient to protect self--are in the eight highest percentages for being taught by a buddy.

In comparing these responses to the type of training that registered nurses suggested as necessary for these activities, from 0 to 24 percent supported training for various duties by a buddy while about 28 to 63 percent recommended training by a clinical instructor. Those actually receiving training from a buddy ranged from 23.8 to 53.4 percent while 17.2 to 31.6 percent were trained by a clinical educator. Nurses suggesting that no training was required in these activities ranged from 0 to 7.4 percent with 16 percent responding that hair care required no instruction. Attendants responding that no training was required ranged from 5.8 to 25.7 percent.

As is indicated in Table 20, nursing attendants expressed general support for inclusion in the AVC Program training relating to safety measures and hygienic care in working with the elderly. All but two of the items were supported by 50 to 70.5 percent of the respondents for definite inclusion in a training program for nursing attendants while optional inclusion ranged from 23.5 to 51.3 percent. The high percentage who suggested that safety measures could be optional may be explained by a lack of knowledge of the importance of these duties. With regards to

Table 20

Percentage of Nursing Attendants Supporting Inclusion of Safety and Hygienic Responsibilities in AVC Program (N=109)

Duties	Inclusion in AVC Program		
	Definitely %	Optional %	Do Not %
1. Skin Care - Bony Prominences	70.5	24.2	5.3
2. Bedbath	66.7	29.2	4.2
3. Clean/Floss Teeth	66.3	23.5	10.2
4. Handwashing	66.0	26.0	8.0
5. Skin Care - Backrubs	64.6	29.2	6.3
6. Nail Care - Feet	64.5	29.0	6.5
7. Lift/Transfer/Move Patient - Protect Self	64.5	32.9	2.6
8. Tub Bath	64.4	31.0	4.6
9. Clean Dentures	64.3	25.5	10.2
10. Nail Care - Hands	64.2	27.4	8.4
11. Shampoo/Rinse Hair	61.5	32.3	6.3
12. Shaving - Electric Razor	60.6	29.8	9.6
13. Shaving - Safety Razor	54.8	34.4	10.8
14. Correct Method of Ambulating/ Transfering	53.8	38.7	7.5
15. Century Tub	51.0	40.6	8.3
16. Foot Care	50.0	40.4	9.6
17. Braid/Bun Hair	47.9	37.2	14.9
18. Patient Safety Measures (call bell, side rails, etc)	38.2	51.3	10.5

the "do not include" column, the percentages rating items ranged from 2.6 to 10.8 with one exception--hair braiding--which was rated at 14.9 percent. The fact that some nursing homes have beauty parlors may be the reason for this rating.

For these eighteen activities, 29 to 55.2 percent of nurses supported their inclusion in the AVC Program compared to 50 to 70.5 percent of nursing attendants who indicated that they should be included, and 23.5 to 51.3 percent who indicated that inclusion was optional.

Ambulation Appliances and Restraints

The percentage distributions of responses for sources of training for nine duties related to the use of ambulation appliances and restraints are presented in Table 21. Of the nine duties, only three were performed by over 100 of the nursing attendants with seventy-seven to ninety-six attendants performing the other six duties.

As is listed in Table 21, the highest percentages of nursing attendants received training from a buddy on eight of the nine duties relating to the use of ambulation appliances and restraints. These percentages--from 33.8 to 48 percent--are considerably higher than those who reported being trained by a clinical educator at 21.6 to 35.6 percent, and those with previous training which ranged from 19.6 to 30.7 percent. The percentages of attendants who received no training in these

Table 21

Training Received by Nursing Attendants in the Use of Ambulation Appliances and Restraints (N=109)

Duties	f	Source of Training: Buddy %	Clinical Educator %	Experience %	None %
1. Wheelchair Operation - Foot Pedal	102	48.0	23.5	19.6	8.8
2. Wheelchair Operation - Remove Foot Pedal	100	48.0	23.0	20.0	9.0
3. Wheelchair Operation - Brakes	102	47.1	22.6	19.6	10.8
4. Use of Restraints - Safety Belt	96	45.8	24.0	25.0	5.2
5. Walker	94	45.7	25.5	20.2	8.6
6. Hoyer Lift	93	44.1	28.0	22.6	5.4
7. Use of Restraints - Limb	85	42.4	22.4	29.4	5.9
8. Restraints - Posey	88	42.1	21.6	30.7	5.7
9. Braces - Apply/Remove	77	33.8	35.6	20.2	10.4

techniques ranged from 5.2 to 10.8 percent. The highest percentages (47 to 48 percent) who received training from a buddy are in the items dealing with wheelchairs. Use of restraints comes next (about 46 percent) and may relate to the fact that many patients in wheelchairs are "tied in" by safety belts to prevent injuries. Limb and posey restraints are used only with a written order from a doctor, and indiscriminate use of restraints is discouraged in many institutions.

In comparing the type of training suggested by registered

nurses as desirable in these nine activities, 30.0 to 58.6 percent was the range supporting training by a clinical educator. Actual training in this mode ranged from 21.6 to 35.6 percent. Nurses suggesting that training from a buddy was sufficient ranged from 3.6 to 33.3 percent, only three activities related to wheelchair operation were in the 30.0 to 33.3 percent range, while actual training from a buddy ranged from 33.8 to 48 percent. Nurses who responded that no training was required in these activities ranged from 0.0 to 6.7 percent while 5.4 to 10.8 percent of nursing attendants responded that no training was necessary for specific activities.

A summary of responses of nursing attendants in the use of ambulation appliances and restraints in Table 22 reveals high percentages supporting definite inclusion in the AVC program. The percentages for definite inclusion of these skills range from 55.9 to 79.8 percent. Corresponding to this perceived need is the low range of percentages (2.1 to 9.5 percent) in the "do not include" column. The numbers who suggest that inclusion should be optional range from 18.1 to 35.6 percent with only two duties in the 30 percent range. Operation of the Hoyer lift is rated optional by 23.9 percent of respondents while 72.8 percent indicated definite inclusion. Application and removal of braces is required by very few patients in nursing homes but is perceived by nearly 60 percent of respondents as a duty to be

Table 22

Percentage of Nursing Attendants Supporting Inclusion of the Use of Ambulation Appliances and Restraints in AVC Program (N=109)

Duties	Inclusion in AVC Program		
	Definitely %	Optional %	Do Not %
1. Restraints - Posey	79.8	18.1	2.1
2. Restraints - Safety Belt	76.3	19.6	4.1
3. Hoyer Lift	72.8	23.9	3.3
4. Wheelchair Operation - Foot Pedal	69.5	25.3	5.3
5. Wheelchair Operation - Brakes	68.4	25.3	6.3
6. Wheelchair Operation - Remove Foot Pedal	68.1	25.5	6.4
7. Walker	67.8	26.7	5.6
8. Braces - Apply/Remove	59.8	35.6	4.6
9. Use of Restraints - Limb	55.9	34.7	9.5

definitely included in a training program.

The percentage of nurses supporting inclusion of these activities in the AVC Program ranged from 33.3 to 42.9 percent which is much lower than the support by nursing attendants.

Feeding and Elimination Procedures

Table 23 presents the percentage distributions of responses for sources of training for eleven duties related to feeding and

Table 23

Training Received by Nursing Attendants in Feeding and Elimination Procedures (N=109)

Duties	f	Source of Training: Buddy %	Clinical Educator %	Experience %	None %
1. Enemas	88	44.3	29.9	23.7	2.1
2. Diapering Patient	102	44.1	28.4	17.7	9.8
3. Commode	102	44.1	21.6	25.5	8.8
4. Perineal Care - Male	102	43.1	23.5	25.5	7.8
5. Bedpans	103	42.7	21.3	25.3	10.7
6. Perineal Care - Female	101	42.6	24.8	24.8	7.9
7. Urinal	102	41.2	21.6	25.5	11.8
8. Suppositories	99	40.4	26.3	25.3	8.1
9. Measure Intake/Output	98	39.8	25.5	23.5	11.2
10. Record Intake/Output	85	32.9	28.2	30.6	8.2
11. Feeding Patients	102	25.5	23.4	22.6	28.4

elimination procedures. Over 100 nursing attendants responded that they performed seven of the eleven duties. The four remaining duties were performed by eighty-five to ninety-eight of the nursing attendants.

The percentage of nursing attendants who received training from a buddy--which was the predominant response for ten of the

eleven duties--ranged from 25.5 25.5 to 44.3 percent. The activities relating to elimination are in the 40 to 44 percent range while measuring and recording intake and output are 39.8 and 32.9 percent respectively. Twenty-five percent of nursing attendants learned how to feed patients from a buddy while 28 percent had no training in this procedure. Nursing attendants who received training from a clinical educator ranged from 21.3 to 29.9 percent.

Nurses responded in a range of 6.5 to 19.4 percent for support for training from a buddy, while 29.0 to 58.1 percent suggested that training should be the responsibility of a clinical educator. No more than 6.7 percent of nurses indicated that these activities did not require any training.

The percentage of nursing attendants who supported the definite inclusion of training in skills relating to feeding and elimination procedures in the AVC Program ranged from 60.5 to 76.9 percent (Table 24). Instruction in giving enemas was supported by 76.9 percent while 71.3 percent perceived a need for training in recording intake and output. Perineal care, diapering, use of bedpans, urinals and commodes ranged from 63 to 69 percent while training in feeding patients was supported by 63 percent of respondents. AVC Training in the insertion of suppositories was supported by 60.5 percent of respondents. Optional inclusion was supported by 18.7 to 27.7 percent of

Table 24

Percentage of Nursing Attendants Supporting Inclusion of Feeding and Elimination Procedures in AVC Program (N=109)

Duties	Inclusion in AVC Program		
	Definitely %	Optional %	Do Not %
1. Enemas	76.9	18.7	4.4
2. Record Intake/Output	71.3	21.8	6.9
3. Perineal Care - Male	69.8	20.8	9.4
4. Perineal Care - Female	69.8	20.8	9.4
5. Diapering Patient	67.4	20.0	12.6
6. Bedpan	66.7	20.8	12.5
7. Measure Intake/Output	66.0	27.7	6.4
8. Urinal	64.9	22.3	12.8
9. Commode	63.5	25.0	11.5
10. Feeding Patients	63.2	23.2	13.6
11. Suppositories	60.5	26.3	13.2

nursing attendants while 4.4 to 13.6 percent responded that inclusion was not required.

The percentage of nurses supporting inclusion of the above activities ranged from 35.5 to 48.4 percent which is generally lower than the level of support for inclusion expressed by nursing attendants.

Positioning of Patients

In relation to the positioning of patients, Table 25 indicates that eighty to ninety-eight of the respondents performed the eight duties listed. The predominant response indicated that buddies were a major source of training. However, a relatively large percentage of nursing attendants received no training or relied on their experience. The percentages with no training range from 9.8 to 22.5 percent with lower percentages in the simpler, more frequently used positions. The numbers who received training from a clinical educator range in the low 20 percent while those with previous experience range from 16.3 percent in Trendelenburg position to 26.5 percent in positioning a vomiting patient. Nursing attendants receiving training from a buddy ranged from 35.7 to 45.7 percent.

The number of nurses who responded that clinical educator training was required in positioning patients ranged from 53.6 to 56.7 percent. Actual training in this mode was received by only 20.8 to 24.5 percent. Training by a buddy was supported by no more than 10.7 percent of nurses while 35.7 to 45.7 percent of actual instruction occurred in this manner. The percentages of nurses responding "no training required" for these activities were all zero except for one position which was 3.3 percent. Responses of nursing attendants indicated that from 9.8 to 22.5 percent received no training in specific activities.

Table 25

Training Received by Nursing Attendants in Positioning of Patients

Duties	f	Source of Training: Buddy %	Clinical Educator %	Experience %	None %
1. Position Patient - Lateral	94	45.7	21.3	22.3	10.6
2. Position Patient - Fowler's	96	44.8	20.8	21.9	12.5
3. Position Patient - Semi Fowler's	96	44.8	20.8	21.9	12.5
4. Position Patient - Prone	92	44.6	22.8	22.8	9.8
5. Position Patient - Sim's	92	43.8	21.7	20.4	14.1
6. Position Patient - Supine	94	43.6	21.3	22.3	12.8
7. Position Patient - Trendelenburg	80	38.8	22.5	16.3	22.5
8. Position Vomiting Patient	98	35.7	24.5	26.5	13.3

In responding to support for the AVC Program related to training in the positioning of patients, 72.2 to 76.7 percent of nursing attendants supported definite inclusion of these skills as indicated in Table 26. The response for optional inclusion ranged from 22.2 to 24.2 percent while no more than 5 percent supported non-inclusion. Three positions for definite inclusion have identical support, namely, 76.6 percent. Supine, lateral, Fowler's, Sim's and Semi Fowler's positions are the most commonly

Table 26

Percentage of Nursing Attendants Supporting Inclusion of Positioning of Patients in AVC Program (N=109)

Duties	Inclusion in AVC Program		
	Definitely %	Optional %	Do Not %
1. Position Patients - Supine	76.7	22.2	1.1
2. Position Patients - Lateral	76.7	23.3	0.0
3. Position Patients - Prone	76.7	23.3	0.0
4. Position Patients - Fowler's	76.1	23.9	0.0
5. Position patients - Sim's	75.8	24.2	0.1
6. Position Patients - Semi Fowler's	75.8	23.1	1.1
7. Position Patients - Trendelenburg	75.6	22.1	2.3
8. Position Vomiting Patient	72.2	22.7	5.2

used positions for making patients comfortable.

The percentage of nurses supporting inclusion of the positioning of patients in the AVC Program ranged from 35.5 to 44 percent, significantly less than the support expressed by nursing attendants.

Skills and Procedures

Nursing attendants responded that of the seventeen skills and procedures listed in Table 27, over 100 had performed five of them, ninety-two to ninety-nine had performed four, eighty-two to

Table 27

Training Received by Nursing Attendants in Selected Skills and Procedures (N=109)

Duties	f	Source of Training: Buddy %	Clinical Educator %	Experience %	None %
1. Bedmaking - Occupied bed	104	45.2	24.0	23.1	7.7
2. Soaks	94	42.6	18.1	26.6	12.8
3. Weigh Patient - Sitting	92	41.3	21.7	22.8	14.1
4. Weigh Patient - Standing	96	39.6	19.8	27.1	13.5
5. Compresses - Cold	85	38.8	20.0	29.4	11.8
6. Bedmaking-Unoccupied Bed	105	37.1	22.9	23.8	16.2
7. Patient Privacy	104	34.6	22.1	20.2	23.1
8. Compresses - Hot	82	34.2	20.7	29.3	15.9
9. Care of the Dying Patient	84	34.1	23.5	29.4	12.9
10. Communication Skills - Patient	109	28.6	26.8	18.7	25.9
11. Dress/Undress Patient	106	28.3	24.5	21.7	25.5
12. Communication Skills - Health Care Team	99	27.3	28.3	19.2	25.3
13. Comfort a Vomiting Patient	84	27.0	22.1	25.0	25.9
14. Care of the Patient with Oxygen	70	21.7	29.0	34.8	14.5
15. Hotpacks	69	21.7	23.2	34.8	20.3
16. Blood Pressure	69	18.8	26.1	37.7	17.4
17. Temperature/Pulse/ Respiration	66	13.6	36.4	36.4	13.6

eighty-five had performed four, seventy had performed one and sixty-six to sixty-nine had performed three. The skills

completed by sixty to seventy respondents were care of the patient with oxygen, hotpacks, blood pressure, and temperature, pulse and respiration.

The responses from nursing attendants on training received in miscellaneous skills and procedures indicate that buddies were the predominant source for twelve of the seventeen duties. Previous experience and training by clinical educators were more significant for the other five. The percentages who received no training in these sixteen skills ranged from 7.7 to 25.9 percent. These include areas such as ensuring patient privacy (23.1 percent), communication skills with patient and health care team (25.9 and 25.3 percent, respectively), the application of hot packs (20.3 percent), and dressing and undressing the patient (25.5 percent). The percentages who received training from a buddy ranged from 45.2 percent in making an occupied bed to 13.6 percent in taking vital signs. Of note is the percentage who reported no training in taking vital signs, 13.6 percent. Knowledge of care of the patient with oxygen therapy was attributed to a buddy by 21.7 percent of respondents while 14.5 percent received no training in this procedure. Application of hot packs and hot compresses was taught by buddies to 21.7 percent and 34.2 percent of nursing attendants, respectively, while 20.3 percent and 15.9 percent received no training in these safety related procedures.

The majority of nurses, 31 to 71 percent, supported training in these activities by a clinical educator. No more than 10 percent of nurses suggested that no training was necessary while buddy training was supported by no more than 17 percent with two activities supported by 25 to 27 percent of nurses.

Table 28 lists responses from nursing attendants indicating support for AVC training in responsibilities relating to skills and procedures required to care for the elderly in nursing homes. The table contains sixteen items listed in descending order by percentages of respondents who favor definite inclusion in the AVC program. These percentages range from 60 to 88.6 percent. Corresponding percentages under the "do not include" column range from 0.0 to 11.5 percent with one exception--communication skills needed to relate to the health care team--at 19 percent. Two areas selected as being unnecessary for inclusion both relate to communication skills--with the patient (11.5 percent), and with the health care team (19 percent). The greatest support, in terms of percentages under the "definitely include" column, is for the taking of vital signs--blood pressure (88.6 percent), care of the dying patient (82.8 percent), and application of hot packs (82.6 percent). The application of hot, cold compresses, soaks, and weighing a patient standing are in the 70 percent range while communication skills, patient privacy, bedmaking, dressing and undressing patients and comforting a vomiting

Table 28

Percentage of Nursing Attendants Supporting Inclusion of Selected Skills and Procedures in the AVC Program (N=109)

Duties	Inclusion in AVC Program		
	Definitely %	Optional %	Do Not %
1. Blood Pressure	88.6	10.2	1.1
2. Temperature/Pulse/Respiration	86.4	13.6	0.0
3. Care of the Patient With Oxygen	84.4	13.3	2.3
4. Care of the Dying Patient	82.8	15.1	2.1
5. Hot Packs	82.6	16.2	1.2
6. Compresses - Hot	79.1	19.8	1.1
7. Compresses - Cold	76.9	23.1	0.0
8. Weigh Patient - Standing	73.5	23.9	2.6
9. Soaks	72.6	22.1	5.3
10. Communication Skills - Patient	69.0	19.5	11.5
11. Weigh Patient - Sitting	67.4	29.1	3.5
12. Patient Privacy	67.0	26.8	6.2
13. Bedmaking - Unoccupied Bed	65.0	27.8	7.2
14. Dress/Undress Patients	64.3	25.5	10.2
15. Comfort a Vomiting Patient	63.3	36.7	10.0
16. Bedmaking - Occupied Bed	62.2	34.7	3.1
17. Communication Skills - Health Care Team	60.0	21.0	19.0

patient are all in the 60 percent range. The optional column for inclusion in the training program ranges from 10.2 percent for blood pressure to 34.7 percent for making an occupied bed.

Nurses supporting inclusion of selected skills and

procedures ranged from 20.7 to 41.4 percent, while responses of nursing attendants for "definitely include", "optional" and "do not include" ranged from of 60 to 88.6 percent, 10.2 to 34.7 percent, and 0 to 19 percent respectively.

Reactions and Preferences

Reactions to the AVC course were solicited through a variety of questions relating to variables that could affect interest in and completion of the course. In addition, respondents were asked to identify preferred modes and types of educational activities.

Variables Affecting Completion of AVC Course

Table 29 lists twelve variables that may affect completion by nursing attendants of the Personal Care Aide Course offered through the Alberta Vocational Centre. Respondents indicated their level of agreement with the statements on a four point scale.

The "strongly agree" and "agree" responses were combined for this analysis as were the "disagree" and "strongly disagree" responses. Most (93 percent) indicated that they were not too tired to study while 92 percent agreed that information about the course was readily available. Home or child responsibilities would not interfere with taking the course for nearly 90 percent of attendants while 86 percent indicated that cost was not a problem. The time to take the course was available to 84 percent

Table 29

Responses to Variables Relating to Completion of AVC Course by Nursing Attendants (N=109)

Variables	Responses	
	Strongly Agree and Agree %	Strongly Disagree and Disagree %
Information about the course is available	92.0	8.0
Time to take course	84.1	15.9
Course if offered at a convenient time	74.8	25.2
Spouse is supportive to taking this course	67.9	32.1
Course is offered in a convenient location	77.4	22.6
Enjoy studying	56.9	43.1
Course is relevant to my needs	60.0	40.0
Course will lead to advancement/promotion	29.6	70.4
Transportation difficulties interfere	17.5	82.5
Cost affects taking the course	13.9	86.1
Home/Child responsibilities interfere with course	10.4	89.6
Too tired - not enough energy to take course	6.8	93.2

of respondents while nearly 83 percent would not encounter transportation difficulties. The course was offered at a convenient location and time for 77 and nearly 75 percent of respondents respectively. Spousal support for taking the course was indicated by nearly 68 percent of respondents; 60 percent confirmed relevance of the course in meeting their needs and nearly 57 percent indicated that they would enjoy studying. Despite all the positives, as listed above, 70 percent of the group questioned indicated that completion of the course would not lead to advancement.

Methods of Study

In relation to preferred methods of study, respondents were asked to choose from nine methods the three they most preferred. As indicated in Table 30, 26 percent of the respondents selected work experience as one of their top three choices. Correspondence study was chosen by the second highest number of respondents but only 15.7 percent selected this study method. Classroom lectures and textbook and study guides, two familiar instructional methods, each were chosen by 14.8 percent of respondents while 11.2 percent chose audio and video cassettes as a method of learning. The use of a tutor was chosen by only 6.7 percent of respondents while educational television (4.9 percent), teleconferencing (4.0 percent), and computer assisted learning (1.8 percent), were the three least popular methods of study.

Table 30

Preferred Methods of Study

Methods of Study	Frequency	Percent
Work Experience	58	26.0
Correspondence Study	35	15.7
Classroom Lecture - Teacher and Students	33	14.8
Textbook and Study Guide	33	14.8
Audio and Video Cassettes	25	11.2
Tutor	15	6.7
Educational T.V.	11	4.9
Teleconferencing	9	4.0
Computer Assisted Learning	4	1.8

Preferred Types of Educational Activities

Respondents were asked to choose the three types of educational activities they most preferred. The results are presented in Table 31. A short course was chosen by 32.5 percent, while a combination of home study with tutorial instruction was chosen by 28.2 percent of respondents. Third rated as chosen by 21.5 percent of respondents was a weekend seminar/workshop format while least favorable were a weekly class in a community centre (13.9 percent), or weekly class in a home (3.8 percent).

Table 31

Preferred Types of Educational Activities

Activity	Frequency	Percent
Short Course	68	32.5
Combined home study with tutorial instruction	59	28.2
Weekend Seminar/Workshop	45	21.5
Weekly Class - Community Centre	29	13.9
Weekly Class - Home	8	3.8

Summary

The main focus of this chapter was on the training received by nursing attendants in performing sixty-three activities and their responses to inclusion of instruction in these responsibilities in the AVC Course.

Responses indicated that on fifty-one duties, the highest percentage of nursing attendants received their training or orientation from a buddy. In relation to one other duty the percentages for training from a buddy and for "no training" were tied. Buddies were the source of training for the second highest percentage of attendants in relation to four duties and third highest (or tied) for third on the remaining six duties. Both

clinical educators and previous experience were the source of training or orientation for the highest percentage of respondents for only a limited number of duties.

A comparison of the training actually received with that supported by nurses reveals a substantial discrepancy. While nurses supported training by a clinical educator for most duties, attendants reported that training was performed to a large extent by other nursing attendants.

The majority of nursing attendants were supportive of definitely including all but two of the duties in the AVC program. This level of support would seem to be lower than that expressed by nurses who tended to place greater reliance on the AVC program than on clinical educators as the source of training for only sixteen of sixty-three duties.

The potential of the AVC course was examined through factors that could affect completion of the course. The percentages of respondents rating their agreement or disagreement with the criteria indicated that over 90 percent were not too tired to study and that information about the course was readily available. For 80 to 90 percent of respondents home or child responsibilities, cost, time to take the course, and transportation presented no difficulties. For 60 to 80 percent of respondents location and time, spousal support, relevance of the course in meeting attendant's needs were all viewed as

positive. Despite all of the positives 70 percent of the group indicated that job advancement would not be gained by taking the course.

In discussing various preferred methods of study for future consideration and preferred methods of presentation, respondents were asked to choose three most preferred methods of study from nine choices and three types of activities from a choice of five. Preferences in method of study were work experience first, correspondence study second, with classroom lecture and textbook and study guide tied for third place. The three preferred types of activities were first, a short course, second, combined home study with tutorial instruction and third, a weekend seminar/workshop.

CHAPTER SEVEN

Summary and Conclusions

This study of training needs for caregivers for the elderly who at present reside in five nursing homes in central Alberta involved two major types of research activities: a review of the literature on themes related to the general topic of health care, and two questionnaire surveys in which responses of thirty-five nurses and one hundred and nine nursing attendants were analyzed. The outcomes of the research are outlined in the first section below while the conclusions based on the findings are presented in the second section. The chapter concludes with some discussions about the implications of the study for the training needs of nursing attendants and recommendations based on the study.

Summary

Five major research questions guided the development and conduct of the study. The summary of the results of the study are organized according to these questions.

1. What are the educational and vocational backgrounds of nursing attendants?

The literature reflects a genuine concern on the part of

various sources with the lack of training of nursing attendants who work in nursing homes.

The need for trained workers with a wide range of skills, and with educational and experiential background who could use various techniques to rehabilitate patients, is stressed by a number of writers in the literature. A strong orientation program along with the need for in-service programs is also advocated.

The educational and vocational background of nursing attendants in nursing homes in central Alberta supports the literature findings. Only 16 percent of nursing attendants had spent any time previously as health care workers while earlier experience working with seniors was indicated by 54.5 percent as having been some involvement with relatives. The educational level of nursing attendants varied; 41.9 percent of respondents had a Grade X or XI standing, 27.6 percent held a high school diploma, 11.4 percent had Grade IX or less and only 9.5 percent had a college level education. In considering the functional illiteracy level as currently changing from a Grade VIII level to a Grade X level, a large proportion of these nursing attendants would fit into this group. No inservice or community course in gerontology, the study of the aging process, had been taken by any nursing attendant, and 64 percent had taken no educational course on

communication skills required to work with the elderly.

2. What duties do nursing attendants perform?

The literature does not specify the duties of the nursing attendant except to state that the nursing attendant is responsible for hygiene, safety, activity levels, and general nursing care of the patient. The literature is supported by the finding that nursing attendants in nursing homes in central Alberta are responsible for sixty-four activities in caring for elderly residents. The list of duties was confirmed by several nursing educators, staff nurses and nursing attendants. This list contained duties relating to hygiene, safety, activity levels and general nursing care of the patient. Every duty is performed by at least 66 nursing attendants (60.6 percent).

In performing eighteen duties related to safety measures and hygienic care, thirteen were performed by 100 or more nursing attendants and the remaining five were performed by eighty-nine nursing attendants. The most frequently performed duties included handwashing, cleaning dentures, cleaning, flossing teeth, bedbath, shampooing and rinsing hair, tubbath, and lifting, transferring and moving patients.

In duties related to the use of ambulation appliances and restraints three duties were performed by 100 or more nursing attendants, and the remaining by at least seventy-

seven attendants. Included among the most frequently performed were wheelchair operations and use of restraints.

Feeding and elimination procedures included seven duties performed by over 100 nursing attendants, and two duties performed by at least eighty-five attendants. Diapering of patients, use of commode, urinal, bedpan, perineal care (male and female), and feeding patients were the most performed duties.

In the positioning of patients at least ninety-two nursing attendants performed seven of the eight duties with only one position performed by 80 respondents. Positioning of a vomiting patient, Fowler's, semi-Fowler's, lateral, supine, Sim's and prone positions were performed most frequently.

Over 100 nursing attendants performed seven of the duties relating to skills and procedures; at least ninety-two performed four duties; at least eighty-two respondents, four duties; seventy performed one duty and at least sixty-six nursing attendants performed three duties. The most often performed duties included bedmaking, communication skills, dressing/undressing the patient and providing patient privacy.

Of the sixty-three duties listed, thirty were performed by 100 or more nursing attendants; thirty were performed by

at least seventy-five attendants and three were performed by at least sixty-six nursing attendants.

3. What kinds of supervision do nursing attendants require to perform their duties?

The literature addresses the need for trained personnel to care for the elderly. The increased use of nursing attendants, many of whom are untrained, the lack of knowledge of gerontology, the need for health care staff to establish and practice principles of sound, quality nursing care are all supported in the literature.

Nursing attendants are charged with keeping patients clean, tending to their body functions, feeding them, providing help as required and giving continuity of contact. Nurses were asked to rate nursing attendants performance of these duties in relation to the type of conditions required to perform the duties safely and competently--on the instruction of a nurse who may or may not be in attendance, under direct supervision of a nurse or performed independently.

The areas relating to safety and preventative measures were supported by a greater number of nurses as requiring the nurse's instruction. This may be due to an increased awareness of legalities surrounding patient care and the liability of the care giver. The items related to hygienic

care reflect a greater percentage of nurses supporting independent performance by nursing attendants--the safer the activity, the less the need for supervision or direction.

Table 32 lists the activities which 50 percent or more of nurses indicated could be performed under instruction by a nurse or independently. No duty was identified by 50 percent of the nurses as requiring direct supervision.

In the area of safety measures and hygienic care; eight activities were perceived to require on-going instruction, and eight duties were perceived as an independent responsibility of nursing attendants. The eight duties requiring instruction were all safety-related while those to be performed independently were related to hygienic care.

Table 32

Percentage of Nurses Supporting Performance of Specific Duties Under Instruction and Independently (N=35)

On-going Instruction by Nurse	Percentage of Nurses	Independent Responsibility	Percentage of Nurses
	Safety Measures and Hygienic Care		
Ambulating/ Transferring Patient	67.7	Bedbath	50.0
		Century Tub Bath	54.5
Handwashing	66.7	Clean/Floss Teeth	54.5

Table 32 (cont)

On-going Instruction by Nurse	Percentage of Nurses	Independent Responsibility	Percentage of Nurses
	Safety Measures and Hygienic Care (cont)		
Footcare	65.6	Tubbath	55.9
Skin Care - Bony Prominences	63.6	Shaving/Electric Razor	58.8
Nail Care - feet	55.9	Nail Care - Hands	58.8
Safety Measures - Patient	55.9	Braid/Bun - Hair	64.7
		Shampoo Rinse Hair	64.7
Skincare - Backrubs	51.6	Clean Dentures	70.6
Lift/Transfer/ Move Patient - Protect Self	51.6		
	Ambulation Appliances and Restraints		
Braces - Apply/ Remove	63.6	Restraints - Safety belt	51.5
Restraints - Posey	59.4	Restraints - limb	50.0
Hoyer lift	57.6	Wheelchair operation - brakes	61.8
		- foot pedal	58.8
		Wheelchair Remove Brakes	58.8
		Walker	57.6
	Feeding and Elimination Procedures		
Intake-Output Record	70.6	Perineal Care Male	52.9

Table 32 (cont.)

On-going Instruction by Nurse	Percentage of Nurses	Independent Responsibility	Percentage of Nurses
	Feeding and Elimination Procedures (cont.)		
Intake-Output Measure	55.9	Perineal Care Female	55.9
Enemas	56.3	Diapering Patient	54.5
Suppositories	55.9	Feeding Patient	55.9
		Bedpan	61.8
		Urinal	66.7
		Commode	66.7
	Positioning of Patients		
Position Vomiting Patient	63.3	Position Patient - Semi Fowler's	51.5
Position Patient			
- Sim's	53.1		
- Fowler's	52.9		
- Supine	52.9		
- Prone	51.9		
	Skills and Procedures		
Comfort a vomiting Patient	72.2	Weigh Patient - standing	50.9
Temperature/Pulse/ Respirations	65.5	Communication skills - patient - health team	52.9
Compresses - hot	64.5		
Hotpacks	62.5	Bedmaking - occupied bed	50.0
Care of the Dying Patient	57.6	Bedmaking - unoccupied bed	61.8

Table 32 (cont.)

On-going Instruction by Nurse	Percentage of Nurses	Independent Responsibility	Percentage of Nurses
	Skills and Procedures (cont.)		
Blood Pressure	55.6	Dress/Undress Patients	64.8
Care of the Patient with Oxygen	54.6		
Weigh patient - sitting	52.9		
Compresses - cold	51.6		

Nurses responded that three of nine activities relating to the use of ambulation appliances and restraints required on-going instruction from nurses while six activities were perceived as an independent responsibility of nursing attendants. The duties requiring instruction by the nurse included application and removal of braces, use of the Hoyer lift and posey restraints. The use of limb restraints, safety belt, walker and wheelchair operation could be performed independently.

In feeding and elimination procedures, four duties required on-going instruction and seven activities were to be performed independently in the view of at least 50 percent of

the nurses. Medical activities such as measuring and recording intake and output, use of suppositories and enemas were viewed as requiring instruction. Hygienic activities were viewed as independent activities.

In the positioning of patients, five duties were perceived as requiring on-going instruction, and one was viewed as an independent responsibility. The most commonly used position was viewed as an independent activity while other positions were viewed as requiring instruction.

Nurses responded that nine activities in the area of skills and procedures required on-going instruction, and five duties could be performed independently. Simple activities such as dressing/undressing of patients, bedmaking and weighing patients were considered duties which could be performed independently.

Lack of support for direct supervision may be explained by the division of labor between the nurse and nursing attendant in nursing homes. The nurse is responsible for a large number of patients, including medications, treatments and charting. There is limited time for direct supervision of nursing attendants in performing their duties.

4. What type of orientation or training do nursing attendants require to perform their duties?

The literature suggests, and this is borne out in this

study, that in nursing homes where presumably one finds patients with relatively high dependency needs, a large percentage of the work force is made up of nursing attendants with limited or no training.

Nurses were questioned on the type of training required for nursing attendants to function safely and competently in performing their duties. Responses provided were: instruction from a clinical educator, instruction from another nursing attendant (buddy), no instruction required, or instruction through the Alberta Vocational Centre Personal Care Aide program. There was a fairly consistent pattern of responses across these categories.

For forty-seven of the sixty-three duties, the highest percentage of respondents advocated training by a clinical educator. Over 50 percent of nurse respondents indicated clinical educator training was required for half of the list of duties. Those receiving greatest support for training by a clinical educator included areas relating to personal care (such as bathing), safety measures relating to the patient, mobility measures (such as ambulation, transferring, moving), comfort measures (such as positioning, feeding, elimination procedures) and miscellaneous skills required by the nursing attendant. The emphasis on this type of training by nurse respondents suggests a need for individualized training to

ensure safe nursing care of the elderly.

On thirteen duties the largest percentage of respondents indicated that training of nursing attendants could be through the AVC program. Even for most of those duties, the second highest percentage favored clinical educator training. The AVC program was supported by over 50 percent of nurse respondents in relation to only one activity--use of the Century Tub. This activity is safety related but also requires some knowledge of mechanics in raising, adjusting and lowering the hydraulic chair lift.

Training by a buddy was not supported by 50 percent of nurses in any of the activities listed. Nurses regarded training by a buddy as significant for only two duties. This may be due to the fact that nurses supported clinical educator training by a large majority to ensure precise training in principles of nursing care.

There were no activities where a substantial proportion of nurses indicated that no training was required in an activity relating to patient care. This may suggest an increased awareness of the need for training to carry out any of the listed activities.

5. What types of orientation or training do nursing attendants usually receive?

The literature states that it is the responsibility of

the institution to design and provide on the job training for employees who do not require special qualifications to do their jobs. Although it is recognized that the buddy system of learning has a role, each new employee should be taught by an authorized person. In the case of nursing attendants, the literature states that this authorized person should be a clinical educator.

In relation to the actual training received by nursing attendants in the sixty-three listed activities, the highest percentage of respondents indicated that on fifty-two duties they received their training or orientation from another nursing attendant--a buddy. Specific activities ranged from safety and hygienic measures (such as bathing, toileting, skin care, hair care, lifting, transferring, moving the patient), exercise procedures (such as use of walkers, wheelchairs, braces, restraints), to comfort measures (such as positioning, care of the dying patient).

The number of hours of training actually received in these activities ranged from less than eight hours (50.9 percent), nine to sixteen hours (17.7 percent) and seventeen to twenty-four hours (24.5 percent). The latter group had an individual patient assignment but could request help if required in some instances. No training was received by 6.9 percent of nursing attendants.

Clinical educators were the source of training for the highest percentage of nursing attendants in relation to only four duties--clean/floss teeth, handwashing, braces-apply/remove, and communication skills. They ranked in second place as a source of training on twenty-five duties and in third place on twenty-seven others. Percentages for six duties were tied with other sources for either first or second place.

Nursing attendants receiving orientation from a clinical educator ranged from 26.2 percent with less than four hours, 15.5 percent with five to eight hours, 13.1 percent with less than eight hours but, once taught the procedure, added to this less than eight hours of training from another attendant.

Previous experience was the source of orientation or training for the highest percentage of respondents for only three duties--care of the patient with oxygen, hotpacks and blood pressure. As a source of orientation, previous experience ranked in second and third place for twenty-one and twenty-three items, respectively, while four items were tied in first or second place with other sources.

A marked discrepancy is evident when the source or type of training advocated by nurses is compared with the training actually received. As is indicated in Table 33, the highest

percentage of nurses supported training by a clinical educator for forty-seven duties while attendants reported that clinical educators were a primary source of training for only four duties. In contrast, nurses supported training by a buddy to only a very limited extent while attendants indicated that buddies were the primary source of training or orientation for fifty-two duties.

Table 33

Comparison of Nurses' Recommendations for Training and Nursing Attendants' Reported Experiences

Category of Duty	Number of Duties Recommended for Training[1]		Number of Duties Training Reported[1]	
	By Clinical Educator	By Buddy	By Clinical Educator	By Buddy
Safety and Hygiene	14	0	2	14
Ambulation and Restraints	6	2	1	8
Feeding and Elimination	6	0	0	10
Positioning	8	0	0	8
Skills and Procedures	13	0	1	12
Total	47	2	4	52

[1]Classification is based on the modal response.

6. What potential does the Personal Care Aide Course offered by the Alberta Vocational Centre have for meeting the training needs of nursing attendants?

Recommendation 34 of the Hyde Report (1982) (discussed in Chapter I) stated that a training program in basic geriatric care should be provided for nursing attendants working in continuing care facilities. In this study, when questioned regarding the need for nursing attendants to receive instruction in activities through the AVC Program, 50 percent or more of registered nurses indicated a support for this program in only one activity--use of the Century tub (55.2 percent). Fifty percent or more of nursing attendants indicated support for inclusion of training in all duties except for braiding/bun hair (47.9 percent) and patient safety measures (38.2 percent).

In comparing support from nurses and nursing attendants for the AVC program in the area of safety and hygienic measures nurse support ranged from 29.0 to 55.2 percent while 38.2 to 70.5 percent of nursing attendants supported definite inclusion of these activities. The activities with a similar range of support included the use of safety measures such as side rails and call bells, and lifting, transferring and moving the patient to protect one's self. Activities which were not well supported by nurses as compared with nursing

attendant support included skin care to bony prominences, bedbath, foot care and cleaning and flossing teeth.

A summary of responses of nursing attendants in the use of ambulation appliances and restraints reveals percentages in the 55.9 to 79.8 range while the percentage of nurses supporting inclusion of these activities ranged from 33.3 to 42.9 percent. Nurses supporting the use of posey restraints and use of safety belt restraints were 42.9 and 33.3 percent respectively while nursing attendants support for these two activities were 79.8 and 76.3 percent respectively.

Nurses supporting training in the AVC program of activities relating to feeding and elimination procedures ranged from 35.5 to 48.4 percent compared with 60.5 to 76.9 percent of nursing attendants who supported definite inclusion of these activities. One activity receiving opposite responses from nurses and nursing attendants included giving enemas--supported by 35.5 percent of nurses as opposed to 76.9 percent of nursing attendants for inclusion in the AVC program.

In the area of positioning of patients, nurse's responses for inclusion in the AVC program ranged from 35.5 to 44.0 percent while nursing attendants supported inclusion in a 72.2 to 76.7 percent range. AVC training of the supine position was supported by 38.7 percent of nurses as compared

to 76.7 percent of nursing attendants.

Miscellaneous skills and procedures was supported by 20.7 to 41.4 percent of nurses for inclusion in the AVC program while nursing attendants supported definite inclusion by 60.0 to 88.6 percent. The taking of blood pressure was supported by 25 percent of nurses and by 88.6 percent of nursing attendants while other skills such as dressing and undressing patients was supported by 40 percent of nurses and 64.3 percent of nursing attendants.

The wide range of support for inclusion of the sixty-three activities in the AVC program by the nursing attendant and the limited support by nurses suggest a different outlook in training needs required to care for the patient adequately and safely.

In investigating factors that might affect completion of the AVC course, 60 percent of nursing attendants perceived the course as being relevant to their needs. Location and time presented no problems to 77.4 percent and 74.8 percent of respondents respectively. Eighty-four percent had time to take the course and 89.7 percent agreed that home responsibilities would not interfere with the course. Information was available to respondents and cost and transportation did not present difficulties. Completion of the course would result in a certificate stating completion

of and clinical expertise in required content, a wage increment and Personal Care Aide status.

Conclusions

Conclusions derived from the results of this study and which relate closely to the purposes of the study are identified below.

1. The educational background for the majority of nursing attendants is at the high school level with a small group with less or slightly more education at either end of an educational continuum.
2. Nursing attendants are responsible for a diverse range of care including safety, hygiene, activity levels and general nursing care of the resident, some of which is expected to be performed independently.
3. The kind of supervision required by nursing attendants to perform many duties involves a large degree of on-going instruction by the nurse who may or may not be present while others may be performed independently. Most duties can be performed without direct supervision of the nurse.
4. Nurses perceive the type of training required by nursing attendants for most duties as best obtained through the direct training of a clinical educator.
5. For more than three-quarters of their duties, a large percentage of nursing attendants received orientation or

instruction from another nursing attendant instead of from a qualified educator--a clinical educator.

6. The majority of nursing attendants support the inclusion of training in required duties through the Personal Care Aide Program offered by the Alberta Vocational Centre.

Discussion

In assessing the general training needs of nursing attendants who care for the elderly in nursing homes, the investigator researched educational and vocational backgrounds of these employees, investigated the actual duties of and the training received by the attendant and solicited input on the inclusion of skills for a training program for nursing attendants.

Nurse input was requested on the type of training required to carry out duties safely and competently and for nurses support for inclusion of these items in a training program for nursing attendants.

The literature states that the type of nursing employee needed to work with elderly residents with multiple cognitive and physical limitations should be clearly identified by nursing home administrators and that characteristics such as flexibility and ability to handle and to cope with stress are necessary when working with this type of resident. The literature further

states that interviewing process can be crucial to selecting personnel with these characteristics and that the interviewer should also assess the applicant's manner of speaking, tone of voice, attitude towards elderly residents and other caring characteristics. The nursing attendant has more frequent contact with the patient than the professional nurse, and these care givers require competency in providing services to the elderly.

In examining the educational and vocational background of the nursing attendants in this study, it becomes evident that there is a great void to be filled in educating in the areas of gerontology and geriatrics. Gerontology has developed on three planes--biological, psychological and the social. Seniors need workers who have a background in all three planes to help them to function at an optimum level. Data do not suggest an evidence of these skills in nursing attendants who took part in this study.

The nursing attendants investigated worked in casual, permanent, part-time or full-time positions. The number of hours worked and number of years experience is not as informative as the actual work experience of these exployees. The role of housewife makes up nearly half of the total number of staff while previous experiences and contact with seniors is limited to aging relatives. The mobility of these relatives, or their physical and mental abilities, is not documented. The data suggest that little previous experience in working with the elderly was

necessary to obtain a position as nursing attendant in the nursing homes investigated.

Nursing attendants are responsible for duties relating to hygiene, safety, activity levels, feeding and elimination procedures, positioning of patients and miscellaneous skills and procedures. Much of their work is performed independently. For these activities to be performed safely and competently nurses and nursing attendants must be aware of the kind of supervision required. Nurses perceive the type of training required by nursing attendants as available through the expertise of the clinical educator but in fact, many nursing attendants have been trained by another nursing attendant.

Needs of the patient, the nursing attendant and the registered nurse must be considered in the training of nursing attendants.

Recommendations

Most of the findings and conclusions which result from this study may not be new to health care givers. There is a great concern at the present time for the area of gerontological nursing and the need to increase knowledge and expertise in caring for the elderly.

Recommendations are presented with the knowledge that with current budget cuts in health care spending, some may not be

considered.

1. Compulsory training of all nursing attendants through the AVC Program should be provided for those working in nursing homes. All new nursing attendants hired should be required to complete this course.
2. Inservice educational programs should be implemented and directed towards meeting the total needs of the individuals receiving care. This includes physical, mental, emotional, spiritual and social needs.
3. Hiring should be geared toward those with personalities compatible with working with the elderly. Successful workers are patient, accepting, flexible, tolerant and respectful, and function as health care team members.

Recommendations for Further Research

1. A follow up study of nursing attendants is required following implementation of the AVC Program to determine if there has been an increased level of care by a more knowledgeable and better prepared nursing attendant.
2. Investigating hiring practices in the selection of nursing attendants in nursing homes should be further investigated.
3. An evaluation of the types of training programs available for nursing attendants needs further research.
4. Further research is needed in evaluating the affective and

personality characteristics of nursing attendants.

Consideration of these recommendations may serve as a basis for examining long standing issues associated with health care especially as it relates to the elderly in nursing homes. They may be helpful in determining if quality of care improves and if knowledge and expertise in geriatric care have increased.

The second recommendation might ensure the hiring of successful workers with qualities deemed desirable for nursing attendants who work with the elderly. Hopefully this research will interest other researchers in defining specific questions about nursing attendant preparation programs.

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APPENDIX A

Nursing Attendant Questionnaire

SURVEY OF NURSING ATTENDANT ROLES IN NURSING HOMES

The purpose of this questionnaire is to gather information from nursing attendants working in nursing homes in Central Alberta. The questionnaire is divided into five parts: personal, occupational, duties or responsibilities, knowledge of skills and future plans of the individual.

SURVEY OF NURSING ATTENDANT ROLES

Please answer all questions by circling the number on the right of the most appropriate response, or provide a written answer where required.

Section A - Background Information

1. What is your present age?

1) 18 or under	1
2) 19 - 25	2
3) 26 - 30	3
4) 31 and over	4

2. Please indicate your gender:

1) Female	1
2) Male	2

3. What is your marital status?

1) Single	1
2) Married	2
3) Separated/Divorced	3
4) Widow/Widower	4
5) Other (Please specify)	5

4. If married, is your husband employed?

1) yes	1
2) no	2

5. For how many dependents are you responsible?

1) none	1
2) one	2
3) two/three	3
4) four or more	4

Section B - Previous Work Experience:

6. The nursing home I work in has:

1) fewer than 50 residents	1
2) 50 - 100 residents	2
3) 101 - 150 residents	3
4) greater than 150 residents	4

7. Do you work:

1) casual	1
2) permanent part-time	2
3) full time	3

8. How many hours do you work each week?

1) 20 hours or less	1
2) 21-30 hours	2
3) 31-40 hours	3

9. What is the number of years (or months) of previous work experience?

1) 12 months or less	1
2) 1-3 years	2
3) Between 3 and 5 years	3
4) Between 5-10 years	4
5) More than 10 years	5

10. Your previous occupational experience includes:

1) clerical (e.g.office worker, bank teller, secretary)	1
2) homemaker	2
3) self-employed (e.g. farmer, private business)	3
4) semi-skilled (e.g. factory worker)	4
5) service (e.g. hotel worker, waiter)	5
6) student	6
7) technical/trade (e.g. hairdresser, carpenter)	7
8) unemployed	8
9) health care worker (e.g.dietary aide, institutional aide)	9

11. If you worked as a health care worker with senior citizens, in what capacity did you work?

1) voluntary work in an institution	1
2) assisting seniors in their homes	2
3) recreational work	3
4) other? please specify _____	4

Previous Educational Experiences

12. What is the highest level of education which you have completed?

1) less than grade 9	1
2) grade 10, 11	2
3) high school diploma	3
4) high school matriculation	4
5) college - one or more years	5
6) university - one or more years	6

13. What courses have you taken which could help you in working with senior citizens?

1) Sociology	1
2) Psychology	2
3) Therapeutic Touch workshop	3
4) Community Gerontology courses	4
5) none	5
6) other, please comment	6

14. How helpful have these courses been?

1) not very helpful in relation to <u>any</u> duties	1
2) helped in relation to <u>specific</u> areas	2
3) helpful in relation to <u>most</u> duties	3

15. What previous experience did you have in working with senior citizens?

1) volunteer work	1
2) relatives who are seniors	2
3) Other, please specify _____	3

16. Have you completed any courses or workshops in Communication skills?

1) no courses	1
2) one course	2
3) two-four courses	3
4) more than four courses	4

Section C: Duties

17. Duties, Knowledge of Skills

In Column A, please circle any or the duties or procedures for which you are presently responsible.	In Column B, please circle appropriate response: 1= no instruction in procedure. 2= instruction from "buddy" 3= instruction from clinical educator. 4= instruction prior to this position.	In Column C, please circle appropriate response: 1= definitely include in the Personal Care Aide Inservice Training Program 2= optional inclusion in the Personal Care Aide Inservice Training Program. 3= need not be included.

COLUMN A	COLUMN B					COLUMN C		
	No Instruction	"Buddy"	Clinical Educator	Previous Instruction		Definitely Include	Optional	Do Not Include
1. Communication skills - resident	1	2	3	4		1	2	3
2. Communication skills - health team	1	2	3	4		1	2	3
3. Safety measures - patient safety	1	2	3	4		1	2	3
4. Maintaining patient privacy	1	2	3	4		1	2	3
5. Bedbath.	1	2	3	4		1	2	3
6. Tubbath	1	2	3	4		1	2	3
7. Century tub bath	1	2	3	4		1	2	3
8. Correct method of lifting, transferring, moving patient to protect self	1	2	3	4		1	2	3
9. Handwashing technique	1	2	3	4		1	2	3

COLUMN A	COLUMN B				COLUMN C		
	No Instruction	"Buddy"	Clinical Educator	Previous Experience	Definitely Include	Optional	Do Not Include
10. Making hospital beds - occupied,	1	2	3	4	1	2	3
11. Making hospital beds - unoccupied.	1	2	3	4	1	2	3
12. Assisting with dressing or undressing patient	1	2	3	4	1	2	3
13. Mouth care - cleaning, flossing	1	2	3	4	1	2	3
14. Mouth care - care of dentures	1	2	3	4	1	2	3
15. Care of the hair - shampoo, rinsing	1	2	3	4	1	2	3
16. Care of the hair - braiding, buns, etc.	1	2	3	4	1	2	3
17. Special skin care - bony prominences	1	2	3	4	1	2	3
18. Special skin care - backrubs	1	2	3	4	1	2	3
19. Special skin care - foot care	1	2	3	4	1	2	3
20. Shaving - safety razor	1	2	3	4	1	2	3
21. Shaving - electric razor	1	2	3	4	1	2	3
22. Correct method of ambulating/transferring	1	2	3	4	1	2	3
23. Nail care - hands	1	2	3	4	1	2	3
24. Nail care - feet	1	2	3	4	1	2	3
25. Wheelchair operation - brakes	1	2	3	4	1	2	3
26. Wheelchair operation - footpedal - raise, lower	1	2	3	4	1	2	3
27. Wheelchair operation - removal of footpedal	1	2	3	4	1	2	3
28. Walker	1	2	3	4	1	2	3
29. Braces - application and removal of	1	2	3	4	1	2	3
30. Hayer lift	1	2	3	4	1	2	3
31. Positioning of patient - supine	1	2	3	4	1	2	3
32. Positioning of patient - lateral	1	2	3	4	1	2	3
33. Positioning of patient - prone	1	2	3	4	1	2	3

COLUMN A	COLUMN B				COLUMN C		
	No Instruction	"Buddy"	Clinical Educator	Previous Experience	Definitely Include	Optional	Do Not Include
34. Positioning of patient - Fowler's	1	2	3	4	1	2	3
35. Positioning of patient - Sim's	1	2	3	4	1	2	3
36. Positioning of patient - semi-Fowler's	1	2	3	4	1	2	3
37. Positioning of patient - Trendelenburg	1	2	3	4	1	2	3
38. Feeding patients	1	2	3	4	1	2	3
39. Intake and output - measuring	1	2	3	4	1	2	3
40. Intake and output - recording	1	2	3	4	1	2	3
41. Perineal care - Male	1	2	3	4	1	2	3
42. Perineal care - Female	1	2	3	4	1	2	3
43. Enemas	1	2	3	4	1	2	3
44. Suppositories	1	2	3	4	1	2	3
45. Diapering patient	1	2	3	4	1	2	3
46. Use of bedpan procedures	1	2	3	4	1	2	3
47. Use of urinal procedures	1	2	3	4	1	2	3
48. Use of commode procedures	1	2	3	4	1	2	3
49. Care of the vomiting patient - positioning	1	2	3	4	1	2	3
50. Care of the vomiting patient - comfort measures	1	2	3	4	1	2	3
51. Vital signs - T.P.R.	1	2	3	4	1	2	3
52. Vital signs - B.P.	1	2	3	4	1	2	3
53. Weight - standing - beam	1	2	3	4	1	2	3
54. Weight - chair scale	1	2	3	4	1	2	3
55. Restraints - safety belt	1	2	3	4	1	2	3
56. Restraints - limb restraint	1	2	3	4	1	2	3
57. Restraints - posey	1	2	3	4	1	2	3
58. Compresses - hot	1	2	3	4	1	2	3
59. Compresses - cold	1	2	3	4	1	2	3

COLUMN A	COLUMN B					COLUMN C			
	No Instruction	"Buddy"	Clinical Experience	Previous Experience		Definitely Include	Optional	Do Not Include	
60. Hot packs	1	2	3	4		1	2	3	
61. Soaks	1	2	3	4		1	2	3	
62. Care of the dying patient	1	2	3	4		1	2	3	
63. Care of patient receiving O_2	1	2	3	4		1	2	3	

Section D: Training Received

18. As a nursing attendant in a nursing home, how much orientation did you receive from an experienced attendant?

1)	none	1
2)	"buddied" with a nursing attendant for less than 8 hours	2
3)	"buddied" with a nursing attendant for 9-16 hours	3
4)	"buddied" with a nursing attendant for 17-24 hours	4

19. As a nursing attendant in a nursing home, how much time did you receive for orientation which involved a clinical educator?

1)	orientation by a clinical coordinator for less than 4 hours	1
2)	orientation by a clinical coordinator for 5-8 hours	2
3)	orientation by a clinical coordinator for less than 8 hours plus "buddied" with a nursing attendant for less than 8 hours	3
4)	other (please specify)	4

Section E: Future Plans

Please circle one response:

20. What are your educational plans during the next year?

1)	no plans	1
2)	academic upgrading	2
3)	attend technical/trade school (hairdressing)	3
4)	attend college	4
5)	attend university	5
6)	pursue other post-secondary education (nursing)	6
7)	complete Personal Care Aide Inservice Training Program through Alberta Vocational Centre	7
8)	other, please specify	8

23. What are your occupational plans for the next year?

1)	continue in present position	1
2)	change from part-time to full-time	2
3)	change from full to part-time	3
4)	no occupational plans	4

25. Please rate the following criteria as they apply to your completing the Alberta Vocational Care Program according to the following scale:

1 - strongly agree
2 - agree
3 - disagree
4 - strongly disagree

1)	Course is relevant to my needs.	1	2	3	4
2)	Course is offered in a convenient location.	1	2	3	4
3)	Course is offered at convenient time.	1	2	3	4
4)	Time to take course.	1	2	3	4
5)	Home/child responsibilities interfere with taking course.	1	2	3	4
6)	Not enough energy, too tired to take course.	1	2	3	4
7)	Spouse supportive to taking course.	1	2	3	4
8)	Information about the course is available.	1	2	3	4
9)	Cost (books, childcare) affects taking course.	1	2	3	4
10)	Transportation difficulties, inconveniences interfere with taking course.	1	2	3	4
11)	Enjoy studying.	1	2	3	4
12)	Courses will lead to advancement, promotion	1	2	3	4

23. Mode of Delivery:

If you choose to engage in additional studies, which <u>three</u> methods of study would you prefer to use? <u>Please circle three:</u>

1)	Correspondence study	1
2)	Educational T.V.	2
3)	Teleconferencing	3
4)	Computer assisted learning	4
5)	Audio and vidio casettes	5
6)	Classroom lecture - teacher and students	6
7)	Textbook and study guide	7
8)	Tutor	8
9)	Work experience	9

24. From the following list of ways in which educational activities might be offered, select the three you prefer most:

1)	Attend weekly classes in a community centre.	1
2)	Attend weekly meetings in a home.	2
3)	Attend a weekend seminar or workshop.	3
4)	Attend a short course.	4
5)	Combine home study with tutorial instruction.	5

COMMENTS?

_____

_____

_____

_____

APPENDIX B

Registered Nurse Questionnaire

QUESTIONNAIRE FOR REGISTERED NURSES IN NURSING HOMES

The purpose of this questionnaire is to gather information from registered nurses regarding the role of the nursing attendant in nursing homes.

QUESTIONNAIRE FOR REGISTERED NURSES IN NURSING HOMES

Please circle the appropriate response.

Section A - Personal and Professional Data

1. What is your present age:

1) 19-25	1
2) 26-35	2
3) 36-45	3
4) over 46	4

2. Please indicate your gender:

1) Male	1
2) Female	2

3. From what type of nursing program did you graduate?

1) hospital	1
2) college	2
3) university	3

4. What was the length of your program?

1) 2 years	1
2) 2-3 years	2
3) 3-4 years	3
4) 4-5 years	4

5. In what year did you graduate?

1) 1955 or ealier	1
2) 1956 - 1965	2
3) 1966 - 1975	3
4) 1976 - 1985	4

Section B

6. IN CONSIDERING THE RESPONSIBILITIES OF AND THE LEGAL IMPLICATIONS INVOLVED IN THE ROLE OF THE REGISTERED NURSE.

A) PLEASE REVIEW IN COLUMN B THE FOLLOWING ACTIVITIES AND CIRCLE THOSE SCALED RESPONSES WHICH BEST DESCRIBES THE RESPONSIBILITY OF THE NURSING ATTENDANT IN NURSING HOMES.
   1) perform only under the direct supervision of a nurse
   2) perform on instruction of a nurse who may or may not be present
   3) perform independently

B) PLEASE REVIEW IN COLUMN C THE FOLLOWING ACTIVITIES AND CIRCLE THE APPROPRIATE RESPONSE IN INDICATING THE TYPE OF INSTRUCTION NEEDED BY A NEW NURSING ATTENDANT TO CARRY OUT THE ACTIVITY SAFELY AND CORRECTLY.
   1) No instruction needed.
   2) Instruction from another nursing attendant.
   3) Instruction from a Clinical Educator.
   4) Instruction from the Alberta Vocational Centre Programme

COLUMN A	COLUMN B			COLUMN C			
	Supervision	Instruction	Independently	No Instruction	Nursing Attendant	Clinical Educator	A.V.C. Program
1. Communication skills - resident	1	2	3	1	2	3	4
2. Communication skills - health team	1	2	3	1	2	3	4
3. Safety measures - patient safety	1	2	3	1	2	3	4
4. Maintaining patient privacy	1	2	3	1	2	3	4

COLUMN A	COLUMN B			COLUMN C			
	1 Supervision	2 Instruction	3 Independently	1 No Instruction	2 Nursing Attendant	3 Clinical Educator	4 A.V.C. Program
5. Bedbath	1	2	3	1	2	3	4
6. Tubbath	1	2	3	1	2	3	4
7. Century tub bath	1	2	3	1	2	3	4
8. Correct method of lifting, transferring, moving patient to protect self	1	2	3	1	2	3	4
9. Handwashing technique	1	2	3	1	2	3	4
10. Making hospital beds - occupied,	1	2	3	1	2	3	4
11. Making hospital beds - unoccupied.	1	2	3	1	2	3	4
12. Assisting with dressing or undressing patient	1	2	3	1	2	3	4
13. Mouth care - cleaning, flossing	1	2	3	1	2	3	4
14. Mouth care - care of dentures	1	2	3	1	2	3	4
15. Care of the hair - shampoo, rinsing	1	2	3	1	2	3	4
16. Care of the hair - braiding, buns, etc.	1	2	3	1	2	3	4
17. Special skin care - bony prominences	1	2	3	1	2	3	4
18. Special skin care - backrubs	1	2	3	1	2	3	4
19. Special skin care - foot care	1	2	3	1	2	3	4
20. Shaving - safety razor	1	2	3	1	2	3	4
21. Shaving - electric razor	1	2	3	1	2	3	4
22. Correct method of ambulating/transferring	1	2	3	1	2	3	4
23. Nail care - hands	1	2	3	1	2	3	4
24. Nail care - feet	1	2	3	1	2	3	4
25. Wheelchair operation - brakes	1	2	3	1	2	3	4
26. Wheelchair operation - footpedal - raise, lower	1	2	3	1	2	3	4
27. Wheelchair operation - removal of footpedal	1	2	3	1	2	3	4
28. Walker	1	2	3	1	2	3	4

COLUMN A	COLUMN B			COLUMN C			
	1 Supervision	2 Instruction	3 Independently	1 No Instruction	2 Nursing Attendant	3 Clinical Educator	4 A.V.C. Program
29. Braces - application and removal of	1	2	3	1	2	3	4
30. Hoyer lift	1	2	3	1	2	3	4
31. Positioning of patient - supine	1	2	3	1	2	3	4
32. Positioning of patient - lateral	1	2	3	1	2	3	4
33. Positioning of patient - prone	1	2	3	1	2	3	4
34. Positioning of patient - Fowler's	1	2	3	1	2	3	4
35. Positioning of patient - Sim's	1	2	3	1	2	3	4
36. Positioning of patient - semi-Fowler's	1	2	3	1	2	3	4
37. Positioning of patient - Trendelenburg	1	2	3	1	2	3	4
38. Feeding patients	1	2	3	1	2	3	4
39. Intake and output - measuring	1	2	3	1	2	3	4
40. Intake and output - recording	1	2	3	1	2	3	4
41. Perineal care - Male	1	2	3	1	2	3	4
42. Perineal care - Female	1	2	3	1	2	3	4
43. Enemas	1	2	3	1	2	3	4
44. Suppositories	1	2	3	1	2	3	4
45. Diapering patient	1	2	3	1	2	3	4
46. Use of bedpan procedures	1	2	3	1	2	3	4
47. Use of urinal procedures	1	2	3	1	2	3	4
48. Use of commode procedures	1	2	3	1	2	3	4
49. Care of the vomiting patient - positioning	1	2	3	1	2	3	4
50. Care of the vomiting patient - comfort measures	1	2	3	1	2	3	4
51. Vital signs - T.P.R.	1	2	3	1	2	3	4
52. Vital signs - B.P.	1	2	3	1	2	3	4
53. Weight - standing - beam	1	2	3	1	2	3	4
54. Weight - chair scale	1	2	3	1	2	3	4

COLUMN A	COLUMN B			COLUMN C			
	1 Supervision	2 Instruction	3 Independently	1 No Instruction	2 Nursing Attendant	3 Clinical Educator	4 A.V.C. Program
55. Restraints - safety belt	1	2	3	1	2	3	4
56. Restraints - limb restraint	1	2	3	1	2	3	4
57. Restraints - posey	1	2	3	1	2	3	4
58. Compresses - hot	1	2	3	1	2	3	4
59. Compresses - cold	1	2	3	1	2	3	4
60. Hot packs	1	2	3	1	2	3	4
61. Soaks	1	2	3	1	2	3	4
62. Care of the dying patient	1	2	3	1	2	3	4
63. Care of patient receiving O_2	1	2	3	1	2	3	4

1. Comments on duties performed by nursing attendants or on training needs, procedures.